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Florida Department of State Division of Corporations Electronic Filing Cover Sheet

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10 To: Division of Corporations Fax Number : (850)617-6381 From: Account Name : FOX ROTHSCHILD LLP Account Number : I20130000024 : (215)299-2162 Phone : (215)299-2150 Fax Number **Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.** Ctuckman@donking.com Email Address: FLORIDA LIMITED LIABILITY CO.

Seen on Demand, LLC

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:

The name of the Limited Liability Company is:

SEEN ON DEMAND LLC

(Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address

The mailing address and street address of the principal office of the Limited Liability Company is:

• •	Principal Office Address:	Maillog Address:
	501 Fairway Drive	501 Fairway Drive
	Deerfield Beach, Florida 33441	Deerfield Beach, Florida 33441

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

	Name		
SOI Pairway Drive			
Florida street address	P.O. Box NOT act	zeptabte)	
Deerfield Beach,	Florida	33441	
City	State	Zm	

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby occept the appointment as registered agent and agree to oct in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the abligations of my position as registered agent as provided for in Chapter 605, F.S.

and stered Agent's Signature (REQUIRED) MARIORIE G. ZUCKERMAN

(CONTINUED)

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ARTICLE IV-The name and address of each person authorized to manage and control the Limited Liability Company:

.

Title:	Name and Address:	
"AMBR" = Authorized Member		
"MGR" = Manager		
MOR	Jimmy L. Adams	
	501 Fairway Drive	
	Deerfield Beach, Florida 33441	
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(Use attachment if necessary)		

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of fiting: ___ _ (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

_ _

REQUIRI	D SIGNATURE:
	(In the
	Stignature of a member or an authorized representative of a member. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes I am aware that any false information submitted in a document to the Department of Statu
	constitutes a third degree felony as provided for in s.817.155, F.S.
	Jimmy L. Adams, Manager
	Typed or printed name of signee
	Filing Free:

•

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional) 5 5.00 Certificate of Status (Optional)

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