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(Ad	dress)	
(Cit	:y/State/Zip/Phone #	f)
PICK-UP	WAIT	MAIL
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Special Instructions to	Filing Officer:	
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SECRETARY OF STATE DIVISION OF CORPORATIONS

COVER LETTER

	Division of Co				
SUBJEC	SureTarget	Marketing Services	L.L.C		
SUBJEC		Name	of Limited L	iability Company	
The encl	osed Articles of	Organization and fe	e(s) are subm	itted for filing.	
Please re	turn all correspo	ondence concerning	this matter to	the following:	
	John Housle	у			
			Nan	ne of Person	
	SureTarget l	Marketing			
			Firr	n/Company	
	31790 US 19	9 North, Suite 169			
			4	Address	
	Palm Harbo	r, FL 34684			
	ibouslav@su	etargetmarketing.co	•	te and Zip Code	
	<u> </u>			ure annual report notifica	ntion)
or further	r information co	ncerning this matter	please call:		
	John Housley	<i>y</i>	727 _at (560-0665	
	Nam	ne of Person		de Daytime Telepho	ne Number
Enclosed	l is a check for t	he following amount	:		
□\$125.0	00 Filing Fee	□\$130.00 Filing Certificate of Sta	tus Ce	IS155.00 Filing Fee & ertified Copy itional copy is enclosed)	☐\$160.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
	· · · · · · · · · · · · · · · · · · ·	ng Address		Street Address	
		iling Section on of Corporations		New Filing Section Division of Corpora	tions
		Sox 6327		Clifton Building	IIIII
		assee, FL 32314		2661 Executive Cen	iter Circle

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:				
The name of the Limited Liabilit	y Company is:			
SureTarget Marketing	g Services, L.L.C			
(Must cona	tin the words "Limited	Liability Compa	iny, "L.L.C.," or "LLC.")	_
ADTICLE II AAA				
ARTICLE II - Address: The mailing address and street ad	ddress of the principal o	office of the Lim	ited Liability Company is:	
The maning address and sireer at	duress of the principal e	ince of the Lini	ned Elaothly Company is.	
<u>Principa</u>	al Office Address:		Mailing Address:	
31790 US 19 North			1790 US 19 North	
Suite 169			Suite 169	_
Palm Harbor, FL 346	84	<u> </u>	Palm Harbor, FL 34684	_
ARTICLE III - Registered Age (The Limited Liability Company another business entity with an a	cannot serve as its own	Registered Age	Agent's Signature: nt. You must designate an individual or	
The name and the Florida street	address of the registered	d agent are:		36 31715 20
	John Housley			SECRE DIVISION O
		Name		——————————————————————————————————————
	31790 US 19 North.	Suite 169		PH CRPS
	Florida street addres	s (P.O. Box NO	T acceptable)	£ 35
	Palm Harbor	FL	34684	9.1.08
	City	State	Zip	- 75

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 accept the appointment as registered agent and agree to act 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 obligations of my position as registered agent as provided for in Chapter 605, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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	
MGR	John D Housley
·	31790 US 19 North. Suite 169
	Palm Harbor, FL 34684
(Use attachment if necessary) ARTICLE V: Effective date, if other than the (If an effective date is listed, the date must be	date of filing:
	not meet the applicable statutory filing requirements, this date will not be listed as
the document's effective date on the Departr	nent of State's records.
ARTICLE VI: Other provisions, if any.	
REOUIRED SIGNATURE:	
<i>_</i>	Lahr /tousley
Signature of	a member or an authorized representative of a member.
This document is ex	xecuted in accordance with section 605.0203 (1) (b), Florida Statutes.
	false information submitted in a document to the Department of State egree felony as provided for in s.817.155, F.S.
	Toka Housley Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

COVER LETTER

	ew Filing Sec vision of Cor				
SUBJECT	_	Marketing Services, L.L	С		
SUBJECT	•	Name of L	imited Liabil	ity Company	
The enclose	ed Articles of	Organization and fee(s)	are submitted	I for filing.	
Please retu	n all correspo	ondence concerning this r	natter to the	following:	
	John Housle	y			
	·		Name of	Person	
	SureTarget M	Aarketing			
			Firm/Co	ompany	
	31 79 0 US 19	North, Suite 169			
			Addı	ress	
	Palm Harbor	, FL 34684			
:	houslan@aum		City/State ar	id Zip Code	
Ī	 	etargetmarketing.com E-mail address: (to be use	ed for future :	annual report notificati	ion)
For further in	formation co	ncerning this matter, plea	ise call:	·	
	John Housley	at (at	727	560-0665 _)	
	Nam	e of Person	Area Code	Daytime Telephon	e Number
Enclosed is	a check for the	ne following amount:			
□\$125.00	Filing Fee	□\$130.00 Filing Fee & Certificate of Status	Certifi	5.00 Filing Fee & ied Copy (al copy is enclosed)	☐\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314			Street Address New Filing Section Division of Corporati Clifton Building 2661 Executive Cente		

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

	keting Services, L.L.C conatin the words "Limited Lial	bility Company,	"L.L.C.," or "LLC.")	
		, ₋ , -	,	
RTICLE II - Address:	reet address of the principal offic	a af tha Limitad	Linhility Company is:	
ne maning address and su	eet address of the principal offic	e of the Limited	triadinty Company is.	
<u>Pr</u>	incipal Office Address:		Mailing Address:	
31790 US 19 N	orth	3179	0 US 19 North	
Suite 169		Suite	169	
Palm Harbor, FL 34684				
RTICLE III - Registere The Limited Liability Controller business entity with	d Agent, Registered Office, & I	Registered Agen gistered Agent. \	Harbor, FL 34684 et's Signature: You must designate an individual or	
RTICLE III - Registere The Limited Liability Connother business entity wit	d Agent, Registered Office, & Inpany cannot serve as its own Reth an active Florida registration.) treet address of the registered ag	Registered Agen gistered Agent. \	it's Signature:	
RTICLE III - Registere The Limited Liability Con nother business entity wit	d Agent, Registered Office, & Inpany cannot serve as its own Reth an active Florida registration.) treet address of the registered ag John Housley	Registered Agen gistered Agent. \	it's Signature:	
RTICLE III - Registere The Limited Liability Con nother business entity wit	d Agent, Registered Office, & Inpany cannot serve as its own Reth an active Florida registration.) treet address of the registered ag John Housley	Registered Agent Sistered Sistered Agent Sistered S	it's Signature:	
ARTICLE III - Registere The Limited Liability Con nother business entity wit	d Agent, Registered Office, & Inpany cannot serve as its own Reh an active Florida registration.) treet address of the registered ag John Housley N	Registered Agent Sgistered Agent. Sgiste	et's Signature: You must designate an individual or	
RTICLE III - Registere The Limited Liability Con nother business entity wit	d Agent, Registered Office, & Inpany cannot serve as its own Reh an active Florida registration.) treet address of the registered ag John Housley N 31790 US 19 North, Suit	Registered Agent Sgistered Agent. Sgiste	et's Signature: You must designate an individual or	

(CONTINUED)

Registered Agent's Signature (REQUIRED)

20 JAN 15 PM L: L.S.

ARTICLE IV-

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

Title:	Name and Address:
"AMBR" = Authorized Me	nber
"MGR" = Manager	
MGR	John D Housley
	31790 US 19 North. Suite 169
	Palm Harbor, FL 34684
	
(Use attachment if necessar	y)
(000 ==================================	,
APTICLE V. Effective date if other	than the date of filing: (OPTIONAL)
(If an effective date is listed, the de-	must be specific and cannot be more than five business days prior to or 90 days after
	must be specific and cannot be more than five business days prior to or 90 days after
the date of filing.)	
	ck does not meet the applicable statutory filing requirements, this date will not be listed a
the document's effective date on the	Department of State's records.
ADDICE EN OF 11 16	
ARTICLE VI: Other provisions, if a	y.
<u></u> .	
	1 1
REQUIRED SIGNATUR	i: //, //1
	1/2 1/2 1
	Man frank
Sign	ture of a member or an authorized representative of a member.
This docur	ent is executed in accordance with section 605.0203 (1) (b), Florida Statutes.
I am aware	hat any false information submitted in a document to the Department of State
constitutes	third degree felony as provided for in s.817.155, F.S.
	* · · · · ·
	Toha D Housley Typed or printed name of signee
	Typed or printed name of signee
	•

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)