Division of Corporations Electronic Filing Cover Sheet

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FLORIDA LIMITED LIABILITY CO. THE BAD MEDIA GROUP LLC

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Estimated Charge	\$155.00

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:

The name of the Limited Liability Company is:

THE BAD MEDIA GROUP LLC

(Must contain the words "Limited Liability Company, "L.I.,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:	Mailing Address:
1900 S. TREASURE DR.	1900 S. TREASURE DR.
APTIR	APT 1 R
NORTH BAY VILLAGE, FL 33141	NORTH BAY VILLAGE, FL 33141

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:

ERIKA BIANCOSPI	NO	
	Name	
1900 S. TREASURE	DR. APLER	
Florida street addres	s (P.O. Box <u>NOT</u> as	cceptable)
NORTH BAY VILL	AGE FL	33141
City	State	Zip

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 act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my daties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S..

Registered Ageny's Signature (REQUIRED)

(CONTINUED)

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	
AMBR	ERIKA BIANCOSPINO 1900 S. TREASURE DR. APT 1 R
	NORTH BAY VILLAGE, FL 33141
	NORTH DATE VILLAGIA TO 3277
(Use attachment if necessary)	
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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)