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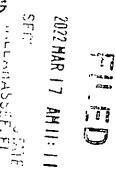
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CAPITAL CONNECTION, INC.

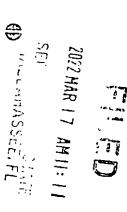
417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Bloom Media LLC				
 				
				
				Art of Inc. File
				LTD Partnership File
				Foreign Corp. File
				L.C. File
				Fictitious Name File
				Trade/Service Mark
				Merger File
				Art, of Amend, File
				RA Resignation
				Dissolution / Withdrawal
				Annual Report / Reinstatement
				Cert. Copy
				Photo Copy
				Certificate of Good Standing
				Certificate of Status
				Certificate of Fictitious Name
				Corp Record Search
				Officer Search
				Fictitious Search
Signature				Fictitious Owner Search
Signature				Vehicle Search
				Driving Record
Requested by:		i		UCC 1 or 3 File
Nama	Data	Time		UCC 11 Search
Name	Date	THUC		UCC 11 Retrieval
Walk-In	Will Pick Up			Courier

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability	Company is:		
Blossm Media, LLC			
(Must conta	in the words "Limited	Liability Com	pany, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street ad	dress of the principal o	office of the Li	mited Liability Company is:
Principa	l Office Address:		Mailing Address:
2 S Biscayne Blvd., S Miami, FL 33131	uite2680		2 S Biscayne Blvd., Suite 2680 Miami, FL 33131
			
another business entity with an ac The name and the Florida street a	_	d agent are:	
		Name	
	2 S Biscayne Blvd.,	Suite 2600	
	Florida street addres	ss (P.O. Box 🗴	OT acceptable)
	Miami	FL	33131
	City	State	Zip
place designated in this certificate, further agree to comply with the pro	l hereby accept the app ovisions of all statutes r	pointment as re relating to the p	for the above stated limited liability company at the gistered agent and agree to act in this capacity. I proper and complete performance of my duties, and agent as provided for in Chapter 605, F.S
		Mark BI	ryn Signaturc (REQUIRED)
	Regis	tered Agent's S	oignature (REQUIRED)

(CONTINUED)



ARTICLE IV-

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

"MGR" = Manager MGR	"MGR" = Manager MGR Jared Goodman 2 S. Biscavne Blvd., Suite 2680 Miami, F.L. 33131 (Use attachment if necessary) CLE V: Effective date, if other than the date of filing: (OPTIONAL) ffective date is listed, the date must be specific and cannot be more than five business days prior to or 90 day of filing.) If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be rument's effective date on the Department of State's records. CLE VI: Other provisions, if any. REOURED SIGNATURE: Signature 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 State constitutes a third degree felony as provided for in s.817.155, F.S. Typed or printed name of signee Filing Fees:	"AMBR" = Authorized Member	Name and Address:
(Use attachment if necessary) (Use attachment if necessary) (Use attachment if necessary) (Use attachment if necessary) (CLE V: Effective date, if other than the date of filing:	(Use attachment if necessary) (Use attachment if necessary) (Use attachment if necessary) (Use attachment if necessary) (CLE V: Effective date, if other than the date of filing:		
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