

Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet**

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : HARVARD BUSINESS SERVICES, INC.

Account Number : I20080000045 Phone : (302)645-7400 Fax Number : (302)645-1280

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: jenniferm@hdmtax.com

FLORIDA LIMITED LIABILITY CO.

P2 Media Marketing LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

Electronic Filing Menu Corporate Filing Menu

Help

(((H22000232922 3)))

(((H22000232922 3)))

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liab	ility Company is:		
P2 Media Marketir	ng LLC		
(Must co	ntain the words "Limited	Liability Compa	any, "L.L.C.," or "LLC.")
ARTICLE II - Address:			
The mailing address and street	address of the principal	otice of the Lim	ited Liability Company is:
Princi	ipal Office Address:		Mailing Address:
7310 West Lake D		7	7310 West Lake Drive
West Palm Beach,	FL 33406		West Palm Beach, Fl. 33406
RTICLE III - Registered A	gent, Registered Office,	& Registered Ago	gent's Signature:
The Cimited Liability Compar nother business entity with an	ny cannol serve as its own active Florida registration	n Registered Age on.)	gent's Signature: nt. You must designate an individual or
the Cimited Liability Compar	ny cannol serve as its own active Florida registration	n Registered Age on.)	gent's Signature: nt. You must designate an individual or
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The Cimited Liability Compar nother business entity with an	ny cannot serve as its own active Florida registration that address of the registered Registered Agents In 17901 4th Street N, Si	n Registered Age on.) d agent are; nc Name	nt. You must designate an individual or

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)

22 JUL -8 PH 12: 3: ECRETARY OF STATE

(((H22000232922 3)))

Title:	Name and Address:
"AMBR" = Authorized Member "MGR" = Manager	
AMBR	Raymond Pirrello Jr 7310 West Lake Drive
	West Palm Beach, FL 33406
	
te of filing.) If the date inserted in this block does not my	of filing; (OPTIONAL) cific and cannot be more than five business days prior to or 90 days:
CLE V: Effective date, if other than the date of effective date is listed, the date must be specified filling.) If the date inserted in this block does not miscument's effective date on the Department of	the annicable statutory filips reminess days prior to or 90 days
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