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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I2009000081 Phone : (307)200-2803 Fax Number : (855)330-1010

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

Email Address:

FLORIDA LIMITED LIABILITY CO.

Poste Media LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

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Help

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Poste Media LLC				
(Must con	tain the words "Limited L	iability Company	, "L.L.C.," or "LLC.")	
ARTICLE II - Address:				
The mailing address and street a	address of the principal of	fice of the Limite	I Liability Company is:	
Princip	oal Office Address:		Mailing Address: 2880 W Oakland Park Blvd Suite 2250	
2880 W Oakland Pa	rk Blvd Suite 225C			
Oakland Park, FL 33311		()al	Oakland Park, FL 33311	
	ent, Registered Office, &	& Registered Agent.	ent's Signature:	
	ent, Registered Office, & y cannot serve as its own active Florida registration	& Registered Agent. Segistered Agent.		
The Limited Liability Companion ther business entity with an	ent, Registered Office, & y cannot serve as its own active Florida registration	& Registered Agent. Segistered Agent. Segistered Agent. Segistered Agent.	ent's Signature:	
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The Limited Liability Companion ther business entity with an	gent, Registered Office, & y cannot serve as its own active Florida registration address of the registered Northwest Registered	Registered Agent. Segistered Agent. Segistered Agent. Segistered Agent. Agent are: Agent LLC Name	ent's Signature: You must designate an individual o	

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 KOV 22 FITTE: 35

ARTICLE IV-

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

AMBR" = Manager ANBR Alexander Guenter Posch 7501 4th St N STE 300 St. Petersburg, FL 33702 (Use attachment if necessary) LE V: Effective date, if other than the date of filing:				
AMBR Alexander Guenter Posch 7901 4th St N STE 300 St. Petersburg, FL 33702 (Use attachment if necessary) LE V: Effective date, if other than the date of filing: (OPTIONAL) frective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days a coffiling.) If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be list urnent's effective date on the Department of State's records. LE VI: Other provisions, if any. REOUIRED SIGNATURE: Signature of a member or an authorized representative of a member. This document is executed in accordance with section 603.0203 (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. Morgan Noble Typed or printed name of signee Filing Fees: \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$3.0.00 Certified Copy (Optional)	とくし ロロー・・			
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