MOGUO	UD Z 30	60
(Requestor's Name) (Address) (Address)	5001566	64695
(City/State/Zip/Phone #)	06/19/09010	055006 **125.00
(Business Entity Name) (Document Number) Certified Copies Certificates of Status		RECEIVED 09 JUN 19 PH 2:1 09 JUN 19 PH 2:1 01/15100 F COFFORM
Special Instructions to Filing Officer:		TE 50
Office Use Only		
·	B. KOHR JUN 2 2 2009 EXAMINER	FILED 09 JUN 19 AM 9: 35 SEURE LARY OF STATE TALLAHASSEE, FLORID

CORPDIRECT AGENTS, INC. (formerly CCRS) 515 EAST PARK AVENUE TALLAHASSEE, FL 32301 222-1173

FILING COVER SHEET ACCT. #FCA-14

CONTACT: <u>ASHLEY SMITH</u>

DATE: <u>06-19-2009</u>

REF. #: <u>001555.106104</u>

CORP. NAME: <u>SFM ACQUISITION LLC</u>

1	۱	ADTICI ES	OF	INCORPORATION
ι.	,	ARTICLES	Or.	INCORPORATION

- () ANNUAL REPORT
- (XX) FOREIGN QUALIFICATION
- () REINSTATEMENT
- () CERTIFICATE OF CANCELLATION
- () OTHER:

- () ARTICLES OF DISSOLUTION
- () FICTITIOUS NAME
- () LIMITED LIABILITY
- () WITHDRAWAL

STATE FEES PREPAID WITH CHECK# 530 683 FOR \$ 125.00

() MERGER

() ARTICLES OF AMENDMENT

() LIMITED PARTNERSHIP

() TRADEMARK/SERVICE MARK

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

_____ COST LIMIT: \$_____

PLEASE RETURN:

() CERTIFIED COPY () CERTIFICATE OF GOOD STANDING

(XX) PLAIN STAMPED COPY

() CERTIFICATE OF STATUS

Examiner's Initials

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

SFM ACQUISITION LLC 1 (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.") (If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Company," "L.L.C.," "LLC.") DELAWARE N/A 2. (Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized) 4. June 15, 2009 PERPETUAL * (Date of Organization) (Duration: Year limited liability company exist or "perpetual") **UPON FILING** 6. (Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability) 11874 WILES ROAD 7. CORAL SPRINGS 33076 FL (Street Address of Principal Office) 8. If limited liability company is a manager-managed company, check here 9. The name and usual business addresses of the managing members or managers are as follows: South Florida Media Group, LLC 11874 Wiles Road Coral Springs FL 33076

10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.)

11. Nature of business or purposes to be conducted or promoted in Florida:

to sell advertising to local retail merchants.

vertising to local retail i	nerchants.
-	h
(In accordance w	a member of an authorized representative of a member. it's section 608.408(3), F.S., the execution of this document constitutes mer the penalties of perjury that the facts stated herein are true.)
Craig B. Swill, C	hief Executive Office of South Florida Media Group, LLC, Solo Member

Typed or printed name of signee

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:

SFM ACQUISITION LLC

If name unavailable, the alternate name to be used in the state of Florida is:

2. The name and the Florida street address of the registered agent and office are:

Craig B.	Swill	
an <u>a 1999 - Andrea Andrea an an Angrae an Angrae</u> an Angrae an Ang	(Name)	en an an star an air an State an an star an an star an Anna State an an st
11874 Wiles	Road .	
Florida Street Address	(P.O. Box <u>N</u>	OT ACCEPTABLE)
Coral Springs	FL	33076
	City/State/Zip)

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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 polytion as registered agent as provided for in Chapter 608, Florido Statutes.

(Signature)

- \$ 100.00 Filing Fee for Application
- \$ 25.00 Designation of Registered Agent
- \$ 30.00 Certified Copy (optional)
- **\$** 5.00 Certificate of Status (optional)



PAGE 1

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The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SFM ACQUISITION LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE SIXTEENTH DAY OF JUNE, A.D. 2009.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SFM ACQUISITION LLC" WAS FORMED ON THE FIFTEENTH DAY OF JUNE, A.D. 2009.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.

4698857 8300

090618545 You may verify this certificate online at corp.delaware.gov/suthver.shtml DATE: 06-16-09