

L11000067464

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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11 JUN - 8 AM 11:41  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

J. BRYAN

JUN - 9 2011

EXAMINER

**Laura Kozloski Hart**  
11607 Windsor Bay Place Wellington, FL 33449  
(561) 352-1932

To Whom It May Concern:

Enclosed please find the completed paperwork and payment required to establish a new Florida LLC. Please do not hesitate to contact me with any questions or requests for additional information.

Please send the letter of acknowledgement and Certificate of Status to my attention at the address indicated below:

Laura Kozloski Hart  
11607 Windsor Bay Place  
Wellington, FL 33449

Thank you very much for your consideration.

Sincerely,

  
Laura Kozloski Hart

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**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

App Media Tech, LLC

(Must end with the words "Limited Liability Company," "L.L.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:**

11607 Windsor Bay Place  
Wellington, FL 33449

**Mailing Address:**

11607 Windsor Bay Place  
Wellington, FL 33449

**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:

Laura Kozloski Hart

Name

11607 Windsor Bay Place

Florida street address (P.O. Box **NOT** acceptable)

Wellington, FL 33449

City, State, and 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 position as registered agent as provided for in Chapter 608, F.S.*

Laura Kozloski Hart  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

**ARTICLE IV- Manager(s) or Managing Member(s):**

The name and address of each Manager or Managing Member is as follows:

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGRM

Laura Kozloski Hart  
11607 Windsor Bay Place  
Wellington, FL 33449

MGRM

Jay E. Hart  
11607 Windsor Bay Place  
Wellington, FL 33449

MGRM

Jeffrey A. Sihilling  
248 Fraxinella St.  
Encinadas, CA 92024

MGR

Carol A. Sihilling  
248 Fraxinella St.  
Encinadas, CA 92024

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(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**REQUIRED SIGNATURE:**

Laura Kozloski Hart  
Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.)

Laura Kozloski Hart  
Typed or printed name of signee

**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)