#1/2000/16063

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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SECRETARY OF STATE
ALL ARESEFT FLORIDA

K.SALY EXAMINER SEP 11 2012

Lisa Tillmann 743 Edgewater Dr Orlando, FL 32804 407 443 0145

To whom it concerns:

Enclosed please find articles of organization and a check for \$130.00 to establish Media for Justice, LLC.

Sincerely, Lisa M. Tillmann

COVER LETTER

Division of Corporations Media for Justice,	LLC
SUBJECT:	
Name of I	Limited Liability Company
The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this Lisa Tillmann	s matter to the following:
	Name of Person
Media for Justice, LL	C
	Firm/Company
743 Edgewater Dr	
	Address
Orlando, FL 32804	
	City/State and Zip Code
lmtillmann@aol.com	used for future annual report notification)
For further information concerning this matter, p	·
Lisa Tillmann	at (407) 443 0145
Name of Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amour	nt:
\$125.00 Filing Fee Statu	
Mailing Address Registration Section Division of Corporati P.O. Box 6327 Tallahassee, FL 3231	Clifton Building

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

Orlando

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bility Company, "L.L.C.," or "LLC.")	
principal office of the Limited Liabi	ility Company is:
Mailing Address:	
743 Edgewater Dr	
Onanio, PL 32804	
ed Office, & Registered Agent's Signistered Agent. You must designate an individual registered agent are:	ignature: al or another
	5 0
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r Dr	ENGRAPHICA PROPERTY.
	Mailing Address: 743 Edgewater Dr Orlando, FL 32804 ed Office, & Registered Agent's S

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..

City, State, and Zip

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:

<u>Title:</u> "MGR" = Manager	Name and Address:
"MGRM" = Managing Member	
MGRM — Managing Member	Lisa Tillmann
	743 Edgewater Dr
	Orlando, FL 32804
(Use attachment if necessary)	
CLE V: Effective date, if other than the	he date of filing: (OPTIONAL
offective data is listed the data must	be specific and cannot be more than five business days
	20 0 p 0 0 1 1 0 0 1 1 1 1 1 1 1 1 1 1 1
90 days after the date of filing.)	
90 days after the date of filing.)	
90 days after the date of filing.)	Λ.
90 days after the date of filing.) REQUIRED SIGNATURE: المدالة	lua
90 days after the date of filing.) REQUIRED SIGNATURE: Jisa II	ber or an authorized representative of a member.
90 days after the date of filing.) REQUIRED SIGNATURE: Jisa III Signature of a mem	ber or an authorized representative of a member.
90 days after the date of filing.) REQUIRED SIGNATURE: Signature of a memical section 6.	lua

Lisa Tillmann yped 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)