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Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850) 617-6381

From: Account Name : GRAYROBINSON, P.A. - ORLANDO
Account Number : I20010000078
Phone : (407) 843-8880
Fax Number : (407) 244-5690

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

Email Address: NATALIE.SELLERS@Parrishmed.Com

FLORIDA LIMITED LIABILITY CO.
Happenings Bridge Publishing, LLC

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$155.00

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16 APR 27 PM 2:50
DEPT. OF STATE
TALLAHASSEE, FLORIDA

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16 APR 27 PM 11:37

Handwritten signature and date: 04/28/16

H16000104694 3

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is: **Happenings Bridge Publishing, LLC**

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

**951 N. Washington Ave.
Titusville, Florida 32780**

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

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

William A. Boyles
Name

301 E. Pine St., Ste. 1400
Florida street address (P.O. Box **NOT** acceptable)

Orlando, Florida 32801
City, State, and Zip

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: **William A. Boyles**

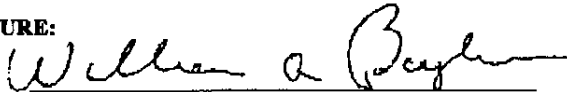
Article IV - Management:

The Limited Liability Company is to be managed by one or more managers and is, therefore, a manager - managed company. The name and address of each person authorized to manage and control the Limited Liability Company are:

<u>Title:</u>	<u>Name and Address:</u>
"AMBR" = Authorized Member	
"MGR" = Manager	
Manager	George Mikitarian 951 N. Washington Ave. Titusville, Florida 32780
Manager	Chris McAlpine 951 N. Washington Ave. Titusville, Florida 32780
Manager	Stan Reiz 951 N. Washington Ave. Titusville, Florida 32780

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REQUIRED SIGNATURE:


Signature of a member or an authorized representative of a member.

(This document is executed in accordance with section 605.0203(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.)

William A. Boyles, Authorized Representative
Typed or printed name of signer

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)