## NOTENHOL 2313 SW OLYMPIC CLUB TER PALM CITY, FL 34990 City/State/Zip Phone # Office Use Only CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known): (Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) Pick up time Walk in Certified Copy ☐ Mail out ☐ Will wait Photocopy ☐ Certificate of Status NEW FILINGS **AMENDMENTS** Profit Amendment Not for Profit Resignation of R.A., Officer/Director Limited Liability Change of Registered Agent Domestication Dissolution/Withdrawal Other Merger OTHER FILINGS REGISTRATION/QUALIFICATION □ Annual Report Foreign ☐ Fictitious Name Limited Partnership Reinstatement Trademark Other Examiner's Initials CR2E031(7/97)



## FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

June 21, 2001

JOHNSTON 2313 SW OLYMPIC CLUB TER PALM CITY, FL 34990

SUBJECT: ADVANTAGE MARKETING

Ref. Number: W01000014306

We have received your document for ADVANTAGE MARKETING and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of a Limited Liability Company must end with the words "limited company", "limited liability company" or their abbreviation "L.C." or "L.L.C."

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6051.

Michelle Hodges Document Specialist

Letter Number: 401A00037715

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:			
The name of the Limited Liability Company is:			
The name of the Limited Liability Company is:  ADVANTAGE MARKETING, LLC.			
ARTICLE II - Address:			
The mailing address and street address of the principal office of the Limited Liability	Compar	ıy is:	
2010 300 DUMPIC CLUB TER MAILING!			
2313 SW Dympic Club TER. MAILING! PALM City, FL 34990 PO BOX 20	ĺ		
PAM (1th +)	3499	Q	
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signat	ure:		
The name and the Florida street address of the registered agent are:			
Kalliesa) C TI salan			
MATHEEN G. SOLNSTON			
2313 SW Dymlic Chub TER.			
Florida street address (P.O. Box NOT acceptable)			
PALM (L+V. FL 3499)			
City, State, and Zip			
Having been named as registered agent and to accept service of process for the above state liability company at the place designated in this certificate, I hereby accept the appointment agent and agree to act in this capacity. I further agree to comply with the provisions of all relating to the proper and complete performance of my duties, and I am familiar with and cobligations of my position as registered agent as provided for in Chapter 608, F.S  Registered Agent's Signature  Article IV - Management (Check box if applicable.)  The Limited Liability Company is to be managed by one manager or more managet therefore, a manager - managed company.	nt as reg statutes accept ti	ristere he	ed
(An additional article must be added if an effective date is requested)  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.)  Typed or printed name of signee  Filing Fees:	SECRETARY OF STATE TALLAHASSEE, FLORIDA	01 JUL -5 PM 4:37	FILED
\$100.00 Filing Fee for Articles of Organization			

\$ 25.00 Designation of Registered Agent \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)