

L02000005079

Requester's Name

Mr. Abram Huber
P.O. Box 932
Lake City, FL 32056-0932

City/State/Zip

Phone #

500004853485--8
-02/01/02--01058--004
****155.00 ****155.00

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. _____
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

02 MAR -4 PM 3:01

FILED

- ☐ Walk in ☐ Pick up time _____ ☐ Certified Copy
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS

- ☐ Profit
☐ Not for Profit
☐ Limited Liability
☐ Domestication
☐ Other

AMENDMENTS

- ☐ Amendment
☐ Resignation of R.A., Officer/Director
☐ Change of Registered Agent
☐ Dissolution/Withdrawal
☐ Merger

OTHER FILINGS

- ☐ Annual Report
☐ Fictitious Name

REGISTRATION/QUALIFICATION

- ☐ Foreign
☐ Limited Partnership
☐ Reinstatement
☐ Trademark
☐ Other

L02-5079
[Signature]

Examiner's Initials



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

February 6, 2002

ABRAM HUBER
PO BOX 932
LAKE CITY, FL 32056-0932

SUBJECT: MILESTONE CORPORATION
Ref. Number: W02000003537

FILED
02 MAR - 4 PM 3:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for MILESTONE CORPORATION and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The fees to file a Florida Limited Liability Company or register a Foreign Limited Liability Company are as follows: \$100 filing fee; and \$25 registered agent designation fee. Please include an additional \$30 for each certified copy requested (optional) and \$5.00 for each certificate of status requested (optional).

A Limited Liability Company can not have corporation in the name.,

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

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) 245-6020.

Tammi Cline
Document Specialist

Letter Number: 402A00007403



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

February 22, 2002

ABRAM HUBER
PO BOX 932
LAKE CITY, FL 32056-0932

SUBJECT: MILESTONE MEDIA
Ref. Number: W02000003537

FILED
02 MAR -4 PM 3:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for MILESTONE MEDIA and your check(s) totaling \$155.00. 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 "Ltd. Co." "L.C." or "L.L.C."

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

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) 245-6020.

Tammi Cline
Document Specialist

Letter Number: 602A00011146

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

MILESTONE MEDIA, LLC

ARTICLE II - Address:

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

MAILING; PO BOX 932 - LAKE CITY, FL 32056

STREET; RT. 9 BOX 1046 - LAKE CITY, FL 32024

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

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

ABRAM HUBER

Name

RT. 9 BOX 1046

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

LAKE CITY

FL

32024

City, State, and Zip

FILED
02 MAR -4 PM 3:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.

[Signature]

Registered Agent's Signature

Article IV - Management (Check box if applicable.)

- ☐ The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

(An additional article must be added if an effective date is requested)

[Signature]
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.)

ABRAM B. HUBER

Typed or printed name of signer

Filing Fees:

- \$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)