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(City/State/Zip/Phone #)

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(Business Entity Name)

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CLERK OF STATE
TALLAHASSEE, FLORIDA

03 JAN 27 PM 4:03

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TAX

25.00

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FLORIDA DEPARTMENT OF STATE
Ken Detzner
Secretary of State

January 16, 2003

ANDREW DAVENPORT
7501 QUAIL RUN COURT
ORLANDO, FL 32819

SUBJECT: CARD VIDEO, L.L.C.
Ref. Number: W03000001402

We have received your document for CARD VIDEO, L.L.C. and your check(s) totaling \$100.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The designation of the registered office and the registered agent, both at the same Florida street address, must be contained within the document pursuant to Florida Statutes. The registered agent must sign accepting the designation as required by Florida Statutes.

The registered agent is a must. You must also sent an additional \$25.00 for the designation of the registered agent.

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) 245-6913.

Diane Cushing
Corporate Specialist

Letter Number: 503A00002236

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is: CARD Video, L.L.C.

ARTICLE II - Address:

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

7501 Quail Run Court, Orlando, Florida 32819

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

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

Andrew Davenport
Name
-7501 Quail Run Ct
Florida street address (P.O. Box **NOT** acceptable)
Orlando FL 32819
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 608, F.S.

Andrew Davenport
Registered Agent's Signature

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

Andrew Davenport
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.)

Andrew Davenport
Typed or printed name of signee

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)

03 JAN 27 PM 4:43
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TALLAHASSEE
FLORIDA
SECRETARY OF STATE