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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

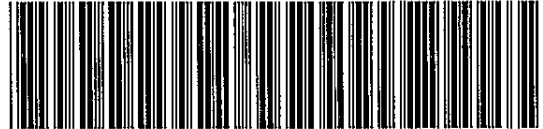
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Nancy Betters
 Requestor's Name
Pennington Law Firm
 Address
215 S. Monroe 2nd Floor
Tallahassee FL
 City/State/Zip Phone #
222-3533

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

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

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

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input checked="" type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

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ARTICLES OF ORGANIZATION
OF
MBE NEWS, LLC

The undersigned, pursuant to the provisions of Chapter 608 of the Florida Statutes (the "Florida Limited Liability Company Act"), for the purpose of forming a Limited Liability Company under the laws of the State of Florida do set forth the following:

1. NAME.

The name of the Limited Liability Company is MBE News, LLC (hereinafter referred to as the "Company").

2. PERIOD OF DURATION.

The period of duration of the Company shall not exceed the maximum term permitted under the Florida Limited Liability Company Act. The Company may be dissolved sooner, however, as provided in the Florida Limited Liability Act or the written Operating Agreement to be executed by all of the Members of the Company.

3. PURPOSE.

The purpose for which the Company is organized is to operate a news network and to engage in any and all other businesses and activities permitted by the laws of the State of Florida. The Company shall have all of the powers vested in a limited liability company organized and existing under the virtue of such laws.

4. ADDRESS OF PLACE OF BUSINESS.

The street address of the place of business in Florida for the Company is: 1801 Halstead Boulevard, Tallahassee, FL 32309. Such address may be changed from time to time as provided in

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the Operating Agreement.

5. REGISTERED AGENT.

The initial registered agent in Florida for the Company is: Robert Brillante, and the initial registered office is located at 1801 Halstead Boulevard, Tallahassee, FL 32309.

6. INITIAL CAPITAL CONTRIBUTIONS.

The total amount of cash and a description of the agreed value of property other than cash contributed to the Company is as follows: Two Hundred and No/100 Dollars (\$200.00) in cash.

7. ADDITIONAL CONTRIBUTIONS.

The total additional contributions, if any, agreed to be made by all Members and the times at which such contributions shall be made, are as follows: No total additional contributions have been agreed to as of the date of filing of these Articles of Organization. Additional contributions, if any, will be made as provided in the Operating Agreement.

8. MEMBERS; ADMISSION OF NEW MEMBERS.

The Company shall have at least two (2) members (the "Members"). New Members may be admitted in the manner provided in the Operating Agreement.

9. CONTINUITY OF BUSINESS.

Upon the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a Member or the occurrence of any other event which terminates the continued membership of a Member in the Company, the business of the Company shall be continued and the Company shall not be dissolved without the prior written consent of all the remaining Members of the Company.

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10. MANAGEMENT.

The Company shall be a Manager Managed Company. In the event of the death of a Manager, the remaining Manager(s) shall serve until the next meeting of the Members and until a successor (if any is elected) for the deceased Manager is qualified. The names and addresses of the Members who are to serve as the managing Members (the "Managers") until the first annual meeting of Members or until their successors are duly elected and qualified are as follows:

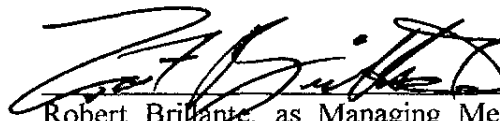
1. Robert Brillante
1801 Halstead Boulevard
Tallahassee, FL 32309
2. Willie Gary
800 Forrest Street, NW
Atlanta, GA 30318

11. INDEMNIFICATION.

Unless expressly agreed otherwise in writing by all of the Members, the Company shall indemnify any Manager or former Manager to the full extent permitted under the Florida Limited Liability Company Act.

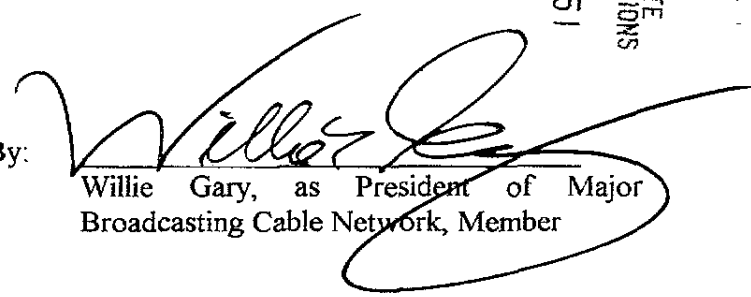
Executed at Tallahassee, Florida, on the 4th day of February, 2003.

By:


Robert Brillante, as Managing Member
Florida's News Channel, L.C., Member.

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03 FEB 16 PM 1:51

By:


Willie Gary, as President of Major
Broadcasting Cable Network, Member

STATE OF FLORIDA,

COUNTY OF LEON.

The foregoing instrument was acknowledged before me this 4th day of February, 2003, by Robert Brillante as Managing Member of Florida's News Channel, L.C., a Florida limited liability company, on behalf of the company. He is personally known to me or has produced Personally known to me as identification.

Sue Schultz

NOTARY PUBLIC - STATE OF FLORIDA

(SEAL)

Print, Type or Stamp Name of Notary Public



Sue Schultz
My Commission CC913248
Expires February 23, 2004

STATE OF GEORGIA,

COUNTY OF FULTON.

The foregoing instrument was acknowledged before me this 4th day of February, 2003, by Willie Gary, as President of Major Broadcasting Cable Network, a _____ corporation, on behalf of the company. He is personally known to me or has produced _____ Personally known to me as identification.

Sue Schultz

NOTARY PUBLIC - STATE OF FLORIDA

(SEAL)

Print, Type or Stamp Name of Notary Public



Sue Schultz
My Commission CC913248
Expires February 23, 2004

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CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of Chapter 608, Florida Statutes, the undersigned limited liability company, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the state of Florida.

1. The name of the company is: MBC News, LLC

2. The name and address of the registered agent and office is:

ROBERT BRILLANTE
(NAME)

1801 Halstead Boulevard
(P.O. BOX NOT ACCEPTABLE)

Tallahassee, Florida 32309
(CITY/STATE/ZIP)

SIGNATURE

TITLE

DATE

Robert J. Brillante
Manager
2/7/03

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE PROCESS FOR THE ABOVE STATED LIMITED LIABILITY COMPANY AT THE 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.

SIGNATURE

DATE

Robert J. Brillante
2/7/03

REGISTERED AGENT FILING FEE: \$25.00

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REGISTRATION
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