

# L03000022150

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

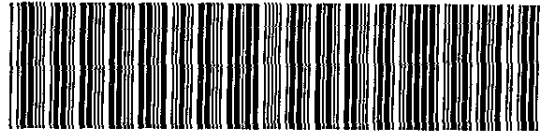
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



700020037407

06/13/03--01044--011 \*\*125.00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

03 JUN 13 PM 1:24

FILED

6/18  
*[Signature]*

LAW OFFICES  
**SHULER AND SHULER**

34 FOURTH STREET

POST OFFICE DRAWER 850

APALACHICOLA, FLORIDA 32329

J. GORDON SHULER  
THOMAS M. SHULER

OF COUNSEL  
ALFRED O. SHULER

TELEPHONE: (850) 653-9226  
FACSIMILE: (850) 653-3382

June 12, 2003

Florida Department of State  
Division of Corporations  
Post Office Box 6327  
Tallahassee, Florida 32314

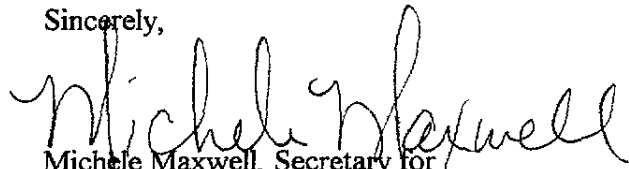
RE: Reel Time, LLC

Dear Sir/Madam:

Enclosed is the original Articles of Organization. You will also find a check in the amount of \$125.00 for your fee.

Thank you and if you should have any questions please call.

Sincerely,

  
Michele Maxwell, Secretary for  
Thomas M. Shuler, Esquire

TMS:mm  
Enc: as stated

**FILED**  
03 JUN 13 PM 1:24  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

Reel Time, LLC

## ARTICLE II - Address:

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

Street Address:  
323 Water Street, Apalachicola 32320

Mailing Address:  
P.O. Box 506, Apalachicola, FL 32329

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

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

Thomas M. Shuler

Name

P.O. Box 850

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

Apalachicola

FL 32320

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.*

*Thomas M. Shuler*

Registered Agent's Signature

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

*Bruce Millender*

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.)

Bruce Millender

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)

FILED  
03 JUN 13 PM 1:24  
CLERK OF COURT  
APALACHICOLA, FLORIDA