

LO3000049719

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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TALLAHASSEE, FLORIDA

LO3-49719
OK

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Family Values Publications of Carrollwood, LLC
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ALLISON RIDEOUT
(Name of Person)

Family Values Publications of Carrollwood, LLC
(Firm/Company)

402 HAVENWOOD WAY
(Address)

VALRICO Florida 33594
(City/State and Zip Code)

For further information concerning this matter, please call:

Allison Rideout at (813) 655-9615
(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

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TALLAHASSEE, FLORIDA

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**ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE I - Name:

The name of the Limited Liability Company is:

Family Values Publications of Carrollwood, LLC

ARTICLE II - Address:

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

Principal Office Address:

402 Havenwood Way
Valrico, FL 33594

Mailing Address:

402 Havenwood Way
Valrico, FL 33594

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


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

Allison Rideout
Name

402 Havenwood Way
Florida street address (P.O. Box NOT acceptable)

Valrico FLORIDA 33594
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, Florida Statutes..

 ALLISON RIDEOUT
Registered Agent's Signature

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ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

Christopher Callaway
3219 Stonebridge Trail
Valrico, FL 33594

MGRM

Allison Rideout
402 Havenwood Way
Valrico, FL 33594

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED 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.)

ALLISON RIDEOUT
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)

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TALLAHASSEE, FLORIDA

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**Registration Section
Division of Corporations
Post Office Box 6327
Tallahassee, Fl 32314**

**Allison Rideout
402 Havenwood Way
Valrico, FL 33594
813-655-9615**

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TALLAHASSEE, FLORIDA

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