

L-03000054965

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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Availability

Document  
Examiner

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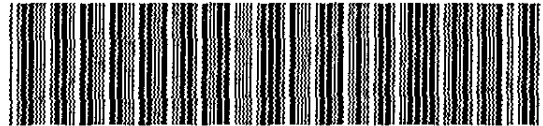
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Acknowledgement

DCC

W. P. Verifier

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12/12/03--01035--005 \*\*125.00

EFFECTIVE DATE

1/1/04

03 DEC 12 PM 12:59

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VERIFICATION DIVISION

## TRANSMITTAL LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Ajackal Publishing, LLC  
(Name of Limited Liability Company)

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

EFFECTIVE DATE

1/1/04

Please return all correspondence concerning this matter to the following:

Eric Ponders  
(Name of Person)

Ajackal Publishing  
(Firm/Company)

3530 Tabernacle Pl  
(Address)

Tampa, FL 33607  
(City/State and Zip Code)

For further information concerning this matter, please call:

Eric Ponders at (888) 805-9223  
(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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DIVISION OF CORPORATIONS

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is: Ajackal Publishing, LLC

**ARTICLE II - Address:**

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

**Principal Office Address:**

3530 Tabernack Pl  
Tampa, FL 33607

**Mailing Address:**

3530 Tabernack Pl  
Tampa, FL 33607

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

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

**EFFECTIVE DATE**

Eric Pouders

1/1/04

Name

3530 Tabernack Pl

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

Tampa FL 33607

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..

[Signature]  
Registered Agent's Signature

(CONTINUED)

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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

Eric Powders  
3530 Tabernacle Pl.  
Tampa, FL 33607

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\_\_\_\_\_

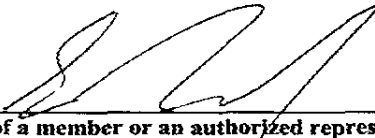
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(Use attachment if necessary)

**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.)

Eric Powders

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)

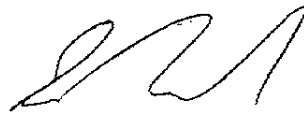
\$ 5.00 Certificate of Status (Optional)

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ARTICLE V - Effective Date:

The Effective Date shall be 1/1/04.

A stylized handwritten signature, possibly reading "DWA", in black ink.

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