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(Re	questor's Name	<u>)</u>
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phoi	ne #)
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(Bu	siness Entity Na	ame)
(Do	cument Numbe	r)
Certified Copies	_ Certificate	es of Status
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Registration Section Division of Corporations Post Office Box 6327 Tallahassee, Fl 32314

Tricia Hamm 3902 Butternut Ct Brandon, Fl 33511 813-654-0032

TRANSMITTAL LETTER

TO: Registration Section Division of Corporations
SUBJECT: Farmy Values Rublications of South Tampa;
The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Family Values Riblications of South Tampa, UC (Firm/company)
3902, Byternut 14 (Address)
Brandon FL 33511 (City/State and Zip Code)
For further information concerning this matter, please call:
a hisia Hamm 813, 1511,0032

STREET ADDRESS:

(Name of Person)

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

(Area Code & Daytime Telephone Number)

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company is:	_
Family Values Rub. line	Glion's of Sollh rampa's be
ARTICLE II - Address: The mailing address and street address of the principal	office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
3900. Bultement Ot	PO BOX 6065
Brandon Fl 33511	Brandon Fl 33508

ARTICLE III - Registered Agent, Registered Office. The name and the Florida street address of the registered. Thick a dame of the registered of the registered. Name 3000 Rullendd Florida street address (P.O. Box No. 100 and 1	ad agent are: EAH 9:
City, State, and Zip	ORIDA 335)

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..

Registered Agent's Signature

Page 1 of 2 (CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows: Title: Name and Address: "MGR" = Manager "MGRM" = Managing Member MGRM (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.)

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)

Typed or printed name of signee