

L04000

00311

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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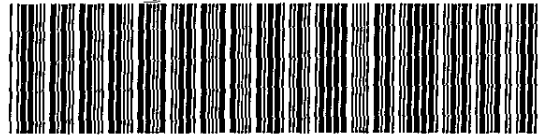
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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L04-311

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 DEC 22 PM 12:40

TRANSMITTER

TO: Registration Section
Division of Corporations

SUBJECT: Olympus Media, LLC

(Name of Limited Liability Company)

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

Please return all correspondence regarding this matter to the following:

Patrick Izzi

(Name)

Olympus Media, LLC

(Firm)

4411 Bee Ridge Road Suite 293

Sarasota, FL 34233

(City/State/Zip Code)

For further information concerning this matter, please call:

Patrick Izzi

(Name of Person)

at

228-2039

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

ARTICLE I - Name:

The name of the Limited Liability Company

Olympus Media, LLC

ARTICLE II - Address:

The mailing address and street address of the

al office of the Limited Liability Company is:

Principal Office Address:

Mailing Address:

4411 Bee Ridge Road

4411 Bee Ridge Road

Suite 293

Suite 293

Sarasota, FL 34233

Sarasota, FL 34233

ARTICLE III - Registered Agent, Registered

Office, & Registered Agent's Signature:

The name and the Florida street address of the

registered agent are:

Patrick Izzi

Name

4411 Bee Ridge Road Suite

Florida street address (P

NOT acceptable)


Sarasota

City, State,

FLORIDA 34233

Having been named as registered agent and to accept service on behalf of the company at the place designated in this certificate, I hereby 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 the provisions of the Florida Statutes relating to the duties of a registered agent as provided for in Chapter 608, Florida Statutes.

process for the above stated limited liability company. I accept the appointment as registered agent and agree to comply with the provisions of all statutes relating to the proper and accept the obligations of my position as provided for in Chapter 608, Florida Statutes..


Registered Agent

re

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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

MGR

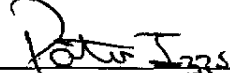
Address:

Izzi
a Ridge Road Suite 293
FL 34233

(Use attachment if necessary)

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

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.

(In accordance with section 608.408, the execution of this document constitutes an affidavit that the facts stated herein are true.)

Patrick Izzi

Typed or printed name of signee

representative of a member.

Under the Statutes, the execution of this document constitutes an affidavit under the penalties of perjury

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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