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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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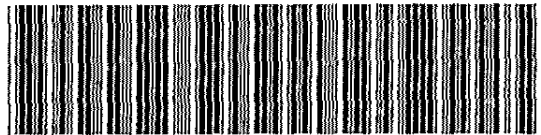
(Business Entity Name)

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TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DUTCH RED PUBLISHING, L.L.C.

(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:

MEADE MARSTON COPLAN, ESQ.

(Name of Person)

PROPERTY LAW P.A.

(Firm/Company)

1823 3RD STREET NORTH

(Address)

JACKSONVILLE BEACH, FLORIDA 32250

(City/State and Zip Code)

For further information concerning this matter, please call:

MEADE MARSTON COPLAN

(Name of Person)

at (904) 242-0952

(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

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

ARTICLE I - Name:

The name of the Limited Liability Company is:

DUTCH RED PUBLISHING, L.L.C.

ARTICLE II - Address:

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

Principal Office Address:

16970-3 SAN CARLOS BLVD. #103

FORT MYERS, FLORIDA 33908-1224

Mailing Address:

16970-3 SAN CARLOS BLVD. #103

FORT MYERS, FLORIDA 33908-1224

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

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

CARLOS B. BLANKENSHIP

Name

16970-3 SAN CARLOS BLVD. #103

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

FORT MYERS, FLORIDA 33908

City, State, and Zip

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TALLAHASSEE, FLORIDA

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..

Heade Marie Cylen for Carlos B. Blankenship
Registered Agent's Signature *under Ltr. Power of Attorney attached*

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:

MGR

CARLO B. BLANKESHIP

16970-3 SAN CARLOS BLVD. #103

FORT MYERS, FLORIDA 33908-1224

MGRM

DENNIS BLANKENSHIP

1015 ATLANTIC BLVD. #344

ATLANTIC BEACH, FLORIDA 32233

(Use attachment if necessary)

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

REQUIRED SIGNATURE:

Meade Marston Coplan, ESQ.
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.)

MEADE MARSTON COPLAN, ESQ.

Typed or printed name of signee

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TALLAHASSEE, FLORIDA

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)

\$160

LIMITED POWER OF ATTORNEY

NOTICE: THE POWER GRANTED BY THIS DOCUMENT IS LIMITED TO ACTING ON BEHALF OF DUTCH RED PUBLISHING, L.L.C. ("DUTCH RED") TO PROCESS THE FILING AND REGISTRATION OF "DUTCH RED", AS AN L.L.C., WITH THE DIVISION OF CORPORATIONS OF THE STATE OF FLORIDA. THE POWER IS EXPLAINED IN THE LIMITED POWER OF ATTORNEY. THIS DOCUMENT DOES NOT AUTHORIZE ANYONE TO MAKE MEDICAL OR HEALTH-CARE DECISIONS FOR YOU. YOU MAY REVOKE THIS POWER OR ATTORNEY IF YOU LATER WISH TO DO SO.

I, Carlo B. Blankenship, of Fort Myers Beach, Florida, Lee County, Florida, my address being 18276 Cutlass Drive, Fort Myers, Florida 33931, appoint PROPERTY LAW, P.A./Meade Marston Coplan, Esq., my attorney, whose address is 1823 3rd Street North, Jacksonville Beach, Florida, 32250, as my agent[s] (hereinafter [joint/"jointly"] referred to as "agent") to act for me in any lawful way with respect to all the following powers:

To prepare documents necessary to form an L.L.C. business entity for Dutch Red Publishing, L.L.C. in the State of Florida

To take calls, accept faxes, letters from the State of Florida, Division of Corporations, regarding the initial documents filed to initiate the formation of "Dutch Red."

To file documents with the State of Florida, Division of Corporations regarding the registration of "Dutch Red".

IF NO POWER LISTED ABOVE IS CROSSED OUT, THIS DOCUMENT SHALL BE CONSTRUCTED AND INTERPRETED AS A LIMITED POWER OF ATTORNEY, AND MY AGENT SHALL HAVE THE POWER AND AUTHORITY TO PERFORM OR UNDERTAKE IF I WERE PERSONALLY PRESENT.

UNLESS YOU DIRECT OTHERWISE HEREIN, THIS POWER OF ATTORNEY IS EFFECTIVE IMMEDIATELY AND WILL CONTINUE UNTIL IT IS REVOKED.

Effective Immediately: This power of attorney is effective immediately and is not affected by my subsequent disability or incapacity.

I agree that any party who receives a copy of this document may act under it. Revocation of the durable power of attorney is not effective as to a third party until the third party receives actual notice of the revocation. I agree to indemnify the third party for any claims that arise against the third party because of reliance on this power of attorney.

I agree that any third party dealing with any alternate agent named hereunder may rely on a written and acknowledged affidavit signed by such alternate agent stating that all prior agents have died, become legally disabled, resigned to serve, and no third party shall be required to

investigate as to whether such affidavit is correct. Such affidavit need not state specific details regarding the reasons why the prior agents are not able to serve, but instead, such affidavit may simply state that such death, disability, resignation or refusal to act has occurred. I agree to indemnify the third party for any claims that arise against the third party because of reliance on such affidavit.

Signed on 6-11-04

Carlo B Blankenship
CARLO B. BLANKENSHIP

THE STATE OF FLORIDA

COUNTY OF ~~DUVAL~~ LEE

This document was acknowledge before me on JUNE 11, 2004, by CARLO B. BLANKENSHIP who is _____ personally known to me or who has produced a Florida Drivers License.



Lee K. Flowers
NOTARY PUBLIC IN AND FOR
THE STATE OF FLORIDA

Notary's printed name: LEE K. FLOWERS
My commission expires: 9-2-2005

THE ATTORNEY IN FACT OR AGENT, BY ACCEPTING OR ACTING UNDER THE APPOINTMENT, ASSUMES THE FIDUCIARY AND OTHER LEGAL RESPONSIBILITIES OF AN AGENT.

