

L040000057593

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500039632905

08/02/04--01046--020 **125.00

FILED
2004 AUG -2 PM 2:03
TALLAHASSEE, FLORIDA
BRYAN & COMPANY

J. BRYAN AUG - 4 2004

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CHOKER MEDIA, LLC
(Name of Limited Liability Company)

FILED
2004-AUG-2 PM 2:03
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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

Please return all correspondence concerning this matter to the following:

TOMMY L. CHAPMAN
(Name of Person)

(Firm/Company)

4660 CHICADEE DRIVE
(Address)

ORLANDO, FL 32812
(City/State and Zip Code)

For further information concerning this matter, please call:

TOMMY L. CHAPMAN at (407) 251-7244
(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

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

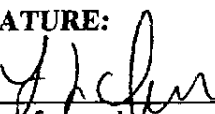
Name and Address:

<u>MGRM</u>	<u>TOMMY L. CHAPMAN</u>
	<u>4660 CHICADEE DRIVE</u>
	<u>ORLANDO, FL 32812</u>
<u></u>	<u></u>
<u></u>	<u></u>
<u></u>	<u></u>
<u></u>	<u></u>
<u></u>	<u></u>
<u></u>	<u></u>
<u></u>	<u></u>

(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.)

TOMMY L. CHAPMAN, MEMBER AND ORGANIZER

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)**

FILED
2004 AUG -2 PM 2:03
CLERK OF CIRCUIT COURT
TALLAHASSEE, FLORIDA

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

FILED
2004 AUG -2 PM 2:03
DEPT. OF CORPORATIONS
TALLAHASSEE, FLORIDA

ARTICLE I - Name:

The name of the Limited Liability Company is:

CHOKER MEDIA, LLC

ARTICLE II - Address:

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

Principal Office Address:

4660 CHICADEE DRIVE

ORLANDO, FL 32812

Mailing Address:

4660 CHICADEE DRIVE

ORLANDO, FL 32812

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

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

TOMMY L. CHAPMAN

Name

4660 CHICADEE DRIVE

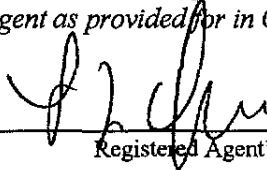
Florida street address (P.O. Box **NOT** acceptable)

ORLANDO

FLORIDA 32812

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..



Registered Agent's Signature