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(Red	questor's Name)			
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PICK-UP	☐ WAIT	MAIL		
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Certified Copies	Certificates	s of Status		
Special Instructions to Filing Officer:				





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OS JUN 30 PH 2: 16 SECRE LARY OF STATE

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TRANSMITTAL LETTER

TO: Registration Se Division of Co			
SUBJECT: Don	vw to Earth (Name of Limite	Media LL C d Liability Company)	
The enclosed Articles o	f Organization and fee(s) are s	ubmitted for filing.	
Please return all corresp	ondence concerning this matte	er to the following:	
	Gerry () poore Name of Person)	
	Down to Ear	th Medra L Firm/Company)	16 3 S T
	114 Colom	La Rd.	OS JUN 30 PH 2: 16 RECREWESSEE, FLORIDA
	De Bary F	7. 327/ 3 (State and Zip Code)	2: 16 FLORIDA
For further information	concerning this matter, please	call:	
Gery (Name	of Person)	at (<u>407</u> <u>262</u> - (Area Code & Daytime To	7/23 elephone Number)
Enclosed is a check for	or the following amount:		
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status		☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Regist Divisi 409 E.	ET ADDRESS: ration Section on of Corporations Gaines Street assee, Florida 32399	MAILING A Registration S Division of Co P.O. Box 632' Tallahassee, F	ection orporations 7

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Down to Earth Me	dia LLC
ARTICLE II - Address: The mailing address and street address of	f the principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
114 Colomba Rd. De Bary Fl. 32713	114 Colomba Rd. Debarg Fl. 32713
ARTICLE III - Registered Agent, Registered address of the name and the Florida street address of	istered Office, & Registered Agent's Signature:
Gerry D	
114 Colo	treet address (P.O. Box NOT acceptable)
- Ve Paris	FL 32//3 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..

Registered Agent's Signature

(CONTINUED)

Page 1 of 2

The name and address of each Manager	-		
Title: "MGR" = Manager "MGRM" = Managing Member MGRM Gerry P. Poore	Name and Address: 1/4 Colomba Rd. De Bary Fl. 327/3		
			ž
			
<u> </u>		-	
(Use attachment if necessary)		_	
NOTE: An additional article must be	added if an effective date is requested	ال 05 الا	
REQUIRED SIGNATURE:	HASSE	OC MUL	Total Control
Dine	D. Porce	PH 2	

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:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)