

L05000113086

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

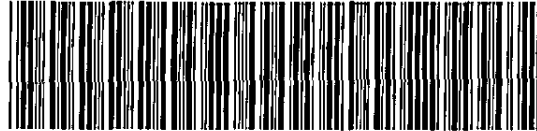
(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

05 NOV 23 PM 4:26

FILED

Williams, Gautier, Gwynn & DeLoach, P.A.

Requestor's Name

Post Office Box 4128

Address

Tallahassee, FL 32315 850-386-3300

City/State/Zip

Phone #

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. M of Tallahassee CCNW, LLC
(Corporation Name) (Document #)

2. _____
(Corporation Name) (Document #)

3. _____
(Corporation Name) (Document #)

4. _____
(Corporation Name) (Document #)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

☒ Walk in

☐ Pick up time _____

☐ Certified Copy

☐ Mail out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input checked="" type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

Examiner's Initials

**ARTICLES OF ORGANIZATION OF
M of Tallahassee CCNW, LLC**

ARTICLE I — Name:

The name of the Limited Liability Company (hereinafter referred to as the "Company") is:

"M of Tallahassee CCNW, LLC"

ARTICLE II — Address:

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

4223 Capital Circle NW
Tallahassee, Florida 32303

ARTICLE III — Registered Agent:

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

Emory L. Mayfield
4223 Capital Circle NW
Tallahassee, Florida 32303

ARTICLE IV — Member:

The initial members of the Company are:

Emory L. Mayfield
Henry M. Mayfield
William K. Mayfield

ARTICLE V — Management:

The Company is to be managed by the members, and is, therefore, a member-managed company.

IN WITNESS WHEREOF, the undersigned, as managing member of the limited liability company, has signed these Articles of Organization and acknowledged them to be their act this 22 day of November, 2005.

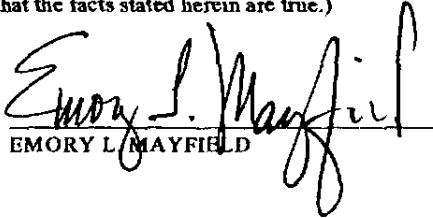

EMORY L. MAYFIELD

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

STATEMENT ACCEPTING APPOINTMENT AS REGISTERED AGENT

I hereby accept the designation as registered agent to accept service of process for the above stated limited liability company at the place designated in this statement. I am familiar with and accept the obligations of my position as registered agent under Chapter 608, Florida Statutes.

(In accordance with section 608.408(3), Florida Statutes, the execution of this certificate constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)


EMORY L. MAYFIELD

Filing Fee: **\$100.00 for Articles of Organization**
 \$ 25.00 for Designation of Registered Agent