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## **COVER LETTER**

TO: Registration S Division of C				
SUBJECT:	JSR Med	ia, LLC		
	(Name of Limite	d Liability Compa	ny)	
The enclosed Articles	of Organization and fee(s) are so	ubmitted for filing		
Please return all corres	spondence concerning this matte	r to the following:		
James P	. Minutolo, Esq.	· <u>-,</u>		
	(1	Name of Person)	<del></del>	
James P	. Minutolo Co., LP	Α		
	(	Firm/Company)		
2090 Flo	orence Avenue, S	Suite 201		
		(Address)		
Cincinn	ati, OH 45206			
	(City	/State and Zip Code)		
For further informatio	n concerning this matter, please	call:		
	, · ·	<b>≱a</b> r s s s s s		•
James P. Min	iutolo, Esq. ne of Person)	at (513 )	595-8800	1
(Nan	ne of Person)	(Area Code	& Daytime Telep	none Number)
Enclosed is a check	for the following amount:			
S125.00 Filing Fed	\$130,00 Filing Fee & Certificate of Status	S155.00 Fit Certified Copy (additional copy i	s enclosed)	3160.00 Filing Fee, Certificate of Status & Certified Copy additional copy is enclosed)
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Registration Division ( Clifton B 2661 Exe	urier Address on Section of Corporations uilding cutive Center Ci	role

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	Media, LLC
(Must end with the words "Limited Linkility Compa-	y, "Limited Company" or their abbreviation "LLC," or "LC,")
ARTICLE II - Address:	
The mailing address and street address	of the principal office of the Limited Liability Company
Principal Office Address:	Mailing Address:
27131 Palmetto Bend Drive	27131 Palmetto Bend Drive
	Wesley Chape!, FL 33543  gistered Office, & Registered Agent's Signature:  was Registered Agent. Von must designate an individual or another
ARTICLE III - Registered Agent, Re	gistered Office, & Registered Agent's Signature:
ARTICLE III - Registered Agent, Re (The Limited Limbility Company present serve as its business entity with an active Florida registration.) The name and the Florida street address	gistered Office, & Registered Agent's Signature:
ARTICLE III - Registered Agent, Re (The Limited Limbility Company present serve as its business entity with an active Florida registration.) The name and the Florida street address	gistered Office, & Registered Agent's Signature:
ARTICLE III - Registered Agent, Re (The Limited Limbility Company present serve as its, business entity with an active Florida registration.)  The name and the Florida street address  Jennife  27131 Palmetto	ristered Office, & Registered Agent's Signature:  our Registered Agent. Von must designete an individual or another  of the registered agent are:  A Ruebusch  Name  Bend Drive
ARTICLE III - Registered Agent, Re (The Limited Limbility Company present serve as its, business entity with an active Florida registration.)  The name and the Florida street address  Jennife  27131 Palmetto	ristered Office, & Registered Agent's Signature:  of the registered agent are:  A Ruebusch  Name  Bend Drive  Street address (P.O. Box NOT accentable)
ARTICLE III - Registered Agent, Re (The Limited Limbility Company present serve as its business entity with an active Florida registration.)  The name and the Florida street address  Jennife  27131 Palmetto Florida  Wesley Chapel	ristered Office, & Registered Agent's Signature:  our Registered Agent. Von must designete an individual or another  of the registered agent are:  A Ruebusch  Name  Bend Drive

(CONTINUED)
Page 1 of 2

Title:		Name and Address:			
"MGR" - Manag					
"MGRM" – Mai	laging Member				
MGRM		Jennifer A. Ruebusch			
		27131 Falmetto Bend Drive			
		Wes'ey Chapel, FL 33543			
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	(In accordance with section of this document constitute that the facts stated here.  Jer	nn 608.408(3), Florida Statutes, the execution tes an affirmation under the penalties of perjury ein are true.)	SECRE LAKY UF STALLAHASSEE, FI	05 DEC -5 PM	דונבט
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Fittue Fees:

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

ARTICLE IV- Manager(s) or Managing Member(s):

\$ 5.00 Certificate of Status (Optional)