

LO 6 00000 3687

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H06000008575 3)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 205-0383

From:

Account Name : BRENNAN, MANNA & DIAMOND, P.L.
Account Number : 120040000104
Phone : (904) 366-1500
Fax Number : (904) 366-1501

RECEIVED

06 JAN 11 PM 12:22

DIVISION OF CORPORATIONS

FLORIDA/FOREIGN LIMITED LIABILITY CO.

DocuManagement, LLC

Certificate of Status	1
Certified Copy	1
Page Count	03
Estimated Charge	\$160.00

SECRET
STATE
TALLAHASSEE
FLORIDA

05 JAN 11 AM 8:51

FILED

Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLE I - Name:

DocuManagement, LLC

ARTICLE II - Address:

Principal Office Address:**Mailing Address:**

76 S. Laura Street
Suite 2110 - Sun Trust Building
Jacksonville, FL 32202

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

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

76 S. Laura Street, Suite 2110
Florida street address (P.O. Box **NOT** acceptable)
Jacksonville FL 32202
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, F.S..

L. S. Walko, V.P. (Lee S. Walko)
Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

STATE OF FLORIDA

05 JUN 11 AM 8:51

31
4
5
6

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:MGRAnthony S. Manna75 East Market StreetAkron, Ohio 44308______________________________

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

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.)

Lee S. Walko, Sect.

Typed or printed name of signee

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)

FILED

05 JAN 11 AM 8:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA