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(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT	MAIL
(Business Entity Name)	
(Document Number)	
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M. HODGES

COVER LETTER

TO: Registration So Division of Co			
SUBJECT: Tamiy	m Media, LLC		
		d Liability Compa	uny)
The enclosed Articles o	f Organization and fee(s) are s	ubmitted for filing	ş.
Please return all corresp	oondence concerning this matte	er to the following	:
Kayl C. P	erks		
		Name of Person)	
Tamiym I	Media, LLC		
	(Firm/Company)	
4044 We	estminster Drive		
		(Address)	
Sarasota	a, FL 34241		
	(City	State and Zip Code)
For further information	concerning this matter, please	call:	
Kayl C. Perks		at (941	928-9222
	of Person)	(Area Code	928-9222 & Daytime Telephone Number)
Enclosed is a check for	or the following amount:		
☐ \$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Fi Certified Copy (additional copy i	Certificate of Status &
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Registration Division Clifton B 2661 Exe	ourier Address on Section of Corporations uilding cutive Center Circle ee, FL 32301



February 22, 2006

KAYL C. PERKS TAMIYM MEDIA, LLC 4044 WESTMINSTER DRIVE SARASOTA, FL 34241

SUBJECT: TAMIYM MEDIA, LLC Ref. Number: W06000008899

We have received your document for TAMIYM MEDIA, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6967.

Michelle Hodges Document Specialist

Letter Number: 606A00012619

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Cor	npany is:		
Tamiym Media, LLC		*****	
(Must end with the words "Limited Liability Comp	any, "Limited Company" or their abbreviation "LLC,"	or "L.C.,")	
ARTICLE II - Address:			
The mailing address and street address	s of the principal office of the Limited Lia	bility Con	npany is:
Principal Office Address:	Mailing Address:		
118 Indian Place	4044 Westminster Drive		
Ste. 11			•
Sarasota, FL 34236	Sarasota, FL 34241		
The name and the Florida street address P.D. Hannamen 118 Indian Place	Name ee, Ste. 11		612
Florid	la street address (P.O. Box <u>NOT</u> acceptable)	, ,	Ç.S
Sarasota	FL 34236	•	
Having been named as registered age liability company at the place desig registered agent and agree to act in th statutes relating to the proper and co	City, State, and Zip Int and to accept service of process for the a Interpretation of this certificate, I hereby accept the is capacity. I further agree to comply with omplete performance of my duties, and I am on as registered agent as provided for in Cl	e appointm the provis ofamiliar v hapter 608	nent as ions of all with and
A A	MG	MK	

(CONTINUED) Page 1 of 2

gis ered Age t's Senature (REQUIRED)

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGRM	P.D. Hannamen
	118 Indian Place, Ste. 11
	Sarasota, FL 34236
MGRM	Kayl C. Perks
	4044 Westminster Drive
	Sarasota, FL 34241
LE V: Effective date, if other the	an the date of filing: (OPTION
fective date is listed, the date m days after the date of filing.)	an the date of filing: (OPTION ust be specific and cannot be more than five business d
LE V: Effective date, if other the fective date is listed, the date in days after the date of filing.) REOUIRED SIGNATURE: Signature of a recordance to of this document.	nember or an authorized representative of a member. with section 608.408(3), Florida Statutes, the execution at constitutes an affirmation under the penalties of perjury
LE V: Effective date, if other the fective date is listed, the date in days after the date of filling.) REOUIRED SIGNATURE: Signature of a recordance of this document that the facts:	nember or an authorized representative of a member. with section 608.408(3), Florida Statutes, the execution at constitutes an affirmation under the penalties of perjury stated herein are true.)
LE V: Effective date, if other the fective date is listed, the date in days after the date of filing.) REOUIRED SIGNATURE: Signature of a recordance to of this document.	nember or an authorized representative of a member. with section 608.408(3), Florida Statutes, the execution at constitutes an affirmation under the penalties of perjury stated herein are true.)
LE V: Effective date, if other the fective date is listed, the date in days after the date of filling.) REOUIRED SIGNATURE: Signature of a recordance of this document that the facts:	nember or an authorized representative of a member. with section 608.408(3), Florida Statutes, the execution at constitutes an affirmation under the penalties of perjury stated herein are true.) (S., MGRM