## L06000055141

(Re	equestor's Name)			
(Ac	ddress)			
(Ac	ldress)			
(Ci	ty/State/Zip/Phon	e #)		
PICK-UP	WAIT	MAIL		
(Bu	ısiness Entity Na	me)		
(Do	ocument Number)	<del>)</del>		
Certified Copies	_ Certificate	s of Status		
Special Instructions to Filing Officer:				
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Office Use Only



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06 MAY 22 PH 1: 07

SECRETARY OF STATE DIVISION OF CORPORATION

## **COVER LETTER**

TO: Registration Section Division of Corporations						
SUBJECT: Spirit of Radio LLC (Name of Limited Liability Company)						
The enclose	ed Articles of	f Organization and fee(s) are so	ubmitted for filing.			
Please retur	n all corresp	ondence concerning this matte	er to the following:			
Kri	sten M.	Swinehart				
		(1	Name of Person)			
N/A	4.		· .			
	<i>.</i>	(	Firm/Company)	· · · · · · · · · · · · · · · · · · ·		
44	35 T <b>o</b> uc	chton Road East #3	337			
<del></del>	ولايه		(Address)			
Jac	cksonvi	lle, FL 32246	*			
		· · · · · · · · · · · · · · · · · · ·	/State and Zip Code)			
T C 1			11-			
ror turtner	iniormation	concerning this matter, please	can:			
James A	nderson		at (904 ) 403-988	8		
	(Name	of Person)	(Area Code & Daytime T	elephone Number)		
m 1 1'		.1 6.11	`			
Enclosed i	s a check to	or the following amount:				
\$125.00	Filing <b>Fee</b>	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	✓ \$160.00 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	Street/Courier Address Registration Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301	ons r Circle		

ARTICLE I - Name:	in the second	
The name of the Limited Liabil	ity Compan	y is:
	i	
Spirit of Radio LLC	,	
	ity Company, "	Limited Company" or their abbreviation "Line : ( ',,")
ARTICLE II - Address:		
The mailing address and street a	address of the	he principal office of the Limited Lability Company is:
Principal Office Address:	28	Mailing Address:
Triicipal Office Address.	Š	Manning Address.
4435 Touchton Rd. E. #337	<i>.</i>	4435 Touchton Rd. E. #337
Jacksonville, FL 32246	*.	Jacksonville, FL 32246
·	1,5	
	<b>&gt;</b> ;	,
ARTICLE III - Registered Ag	gent, Regist	ered Office, & Registered Agent's Signature:
(The Limited Liability Company cannot s	erve as its own	Registered Agent. You must designate an independent another
business entity with an active Florida reg	gistration.)	
The name and the Florida street	address of	the registered agent are:
	Ą	8
Kristen M. S	winehart	
	ž N	Name
4405 T	. 5	11007
4435 Touch		
	Florida stre	et address (P.O. Box <u>NOT</u> acceptable)
Jacksonville,	FL 32246	FL
	City, S	tate, and Zip
		d to accept service of process for the above stated limited
		d in this certificate, I hereby accept the appointment as
registered agent and agree to a	ct in this cap	pacity. I further agree to comply with the provisions of all

statutes relating to the proper and complete performance of my duties, and I am tamuliar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..

(CONTINUED)
Page 1 of 2

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

The name and address of each Manager or Managing Member is as follows:

Title:	Name and Address:	
"MGR" = Manager "MGRM" = Managing Men	ber	
MGRM	James A. Anderson	
	401 Monument Rd. #117	
	Jacksonville, FL 32225	_
MGRM	Adam M. Deli	
<del></del>	700 Seventh St. N.	<del></del>
	Jacksonville Beach, FL 32250	<u> </u>
		<del></del>
		<del></del>
		<u> </u>
RTICLE V: Effective date, if other fan effective date is listed, the date or 90 days after the date of filing.	than the date of filing: (OPT e must be specific and cannot be more than five busines)	'IONAL) ss days prior
REQUIRED SIGNATORE		
Signature o	a member or an authorized representative of a member.	
<b>of th</b> is docur	mee with section 608.408(3), Florida Statutes, the execution ment constitutes an affirmation under the penalties of perjury stated herein are true.)	
James A	•	. (3)
	Typed or printed name of signee	190 SIAII
Filing Fees:		SION
<del></del>		<b>7</b> 05.

22 PM 1:

\$125.00 Filing Fee for Articles of Organization and Designation

of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)