

L06000055774

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

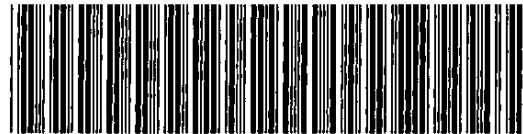
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 MAY 25 PM 4: 38

Handwritten signature

B. Tealock JUN 02 2006

COVER LETTER

To: Registration Section
Division of Corporations

Subject: ATLAS VARIETY PUBLISHING, LLC

The enclosed Articles of Organization and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

CHRISTOPHER RIGOLI
ATLAS VARIETY PUBLISHING, LLC
1902 12TH ST W
PALMETTO, FL 34221

For further information concerning this matter, please call:

CHRISTOPHER RIGOLI at (941) 729-5958

Enclosed is a check for the following amount:

\$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 Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I – Name:

The name of the limited liability company is:

ATLAS VARIETY PUBLISHING, LLC

ARTICLE II – Address:

The mailing and street address of the principal office of the limited liability company is:

Principal Office Address:

ATLAS VARIETY PUBLISHING, LLC
1902 12TH ST W
PALMETTO, FL 34221

Mailing Address:

ATLAS VARIETY PUBLISHING, LLC
P.O. BOX 1117
PALMETTO, FL 34220

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

The name and Florida street address of the limited liability company's registered agent are:

CHRISTOPHER RIGOLI

Name

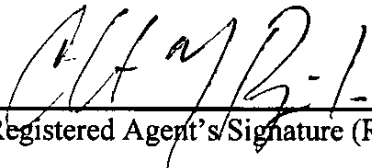
1902 12TH ST W

Florida street address

PALMETTO, FL 34221

City, State, & 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 all 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.



Registered Agent's Signature (REQUIRED)

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

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

Title:

“MGRM” = Managing Member

Name and Address:

MGRM

ELAINE RIGOLI
1902 12TH ST W
PALMETTO, FL 34221

MGRM

CHRISTOPHER RIGOLI
1902 12TH ST W
PALMETTO, FL 34221

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)