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SECHETARY OF STATE

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COVER LETTER

TO: Registration Sec Division of Corp				11 ,		
SUBJECT: Orange	Peel Gazette of Cha		•			
	(Name of Limited	d Liability Compa	ıny)			
The enclosed Articles of 0	Organization and fee(s) are su	ubmitted for filing	5 .			
Please return all correspon	ndence concerning this matte	r to the following	:			
Debra Collir	าร					
	0	Name of Person)				_
Orange Pee	l Gazette of Charlo	tte County,	LLC			
	(1	Firm/Company)			-	_
4198 Mage	nta Ave			<u>. </u>		
		(Address)				
North Port,	FL 34288				Z A A A A	90
7	(City/	State and Zip Code	:)		ORE:	AUG
For further information co	oncerning this matter, please	call:			SSE. J	25 A
Debra Collins		at (941	266-340	6	STA	AH 10: 39
(Name o	of Person)	(Area Code	e & Daytime To	lephone Number)	京	39
Enclosed is a check for	the following amount:					
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Fi Certified Copy (additional copy i	у	\$160.00 Fi Certificate of S Certified Cop (additional copy)	Status & y	

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:

(Must end with the words "Limited Liability Company, "Lin	
ARTICLE II - Address: The mailing address and street address of the	principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
Orange Peel Gazette of Charlotte County, LLC	Orange Peel Gazette of Charlotte County, LLC
4198 Magenta Ave	PO Box 380358
North Port, FL 34288	Murdock, FL 33938
	J: 39
1 au	
4198 Magenta Ave	
Florida street	address (P.O. Box NOT acceptable)
North Port, FL 34288 City, Stat	FL re, 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..

Debra O Collins
Registered Agent's Signature (REQUIRED)

(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:

MGRM	Jack Collins	
	4198 Magenta Ave	
	North Port, FL 34288	
MGRM	Debra Collins	
	4198 Magenta Ave	
	North Port, FL 34288	
MGRM	Nicholas Carroll	
	4198 Magenta Ave	
	North Port, FL 34288	
MGRM	Sara Collins-Carroll	SECRET TALLAHA
	4198 Magenta Ave	SO.⊅> N
	North Port, FL 34288	
(Use attachment if necessary)		OF STA FLORI
CLE V: Effective date, if other th	an the date of filing: 8/23/06	ラデー 公司 (OPTIONAL)

<u>REQUIRED</u> 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.)

Debra A. Collins

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)