## 20000092176

(Re	questor's Name)	<u>.</u>
(Ad	dress)	
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(Cit	y/State/Zip/Phone	<del></del>
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
WOG-35	7857	

Office Use Only



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## **COVER LETTER**

TO: Registration Section Division of Corporation	ns	· ·			
SUBJECT:	(Name of Limi	CHANNELL ted Liability Company)	LLC	_	
The enclosed Articles of Organi	zation and fee(s) are	submitted for filing.			
Please return all correspondence	concerning this mat	tter to the following:			
	THERE	A LYNN YORK (Name of Person)			-
CHANNELL LLC		(Name of Person)  APD(U) EVER  (Firm/Company)	AFTER		-
	4600	PEACOCK DRI (Address)	VE		
•	Pens (ci	ACOLA FL ty/State and Zip Code)	32504	20016 SE	OIVISION SCORE
For further information concerni	ng this matter, pleas	e cail:		P 20	25 25 25 25 25 25 25 25 25 25 25 25 25 2
THERESA LYNN V	ORK	at ( 850 ) 479 - (Area Code & Daytime T	-6208	2016 SEP 20 AM   :	7 P 37
(Traffic of Telsor	1)	(Area Code & Daytine 1	elephone Number)	<del>.</del>	
Enclosed is a check for the fo	llowing amount:			_	
\$125.00 Filing Fee \$1: Certif	30.00 Filing Fee & icate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Fili Certificate of St Certified Copy (additional copy is	tatus &	
Regist Divisi	ng Address tration Section ion of Corporations	Street/Courier Address Registration Section Division of Corporatio	_		

P.O. Box 6327 Tallahassee, FL 32314

Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301



September 11, 2006

THERESA LYNN YORK 4600 PEACOCK DRIVE PENSACOLA, FL 32504

SUBJECT: CHANNELL LIMITED LIABILITY COMPANY (LLC)

Ref. Number: W06000039857

We have received your document for CHANNELL LIMITED LIABILITY COMPANY (LLC) and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of a limited liability company must contain the designation "L.L.C.," "LLC," "L.C.," or "LC," or the words "LIMITED LIABILITY COMPANY," or "LIMITED COMPANY." Please amend the name of your entity accordingly.

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) 245-6984.

Deborah Bruce Document Specialist

ZUUG SEP 20 AM II: 1

Letter Number: 106A00054717

## 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, "Limited Company" or their abbreviation "LLC," or "L.C.,")
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:
Principal Office Address: Mailing Address:
503BBRENT LANE 4600 PLAKOCK DRIVE PENSACOLA FL 32503 PENSACOLA FL 32504
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)
The name and the Florida street address of the registered agent are:
THERESA LYNN YORK  Name  HOOO PEACOCK DRIVE  Florida street address (P.O. Box NOT acceptable)  PENSACOCA FL 32504  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  Registered Agent's Signature (REQUIRED)
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(CONTINUED)
Page 1 of 2

## ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Magaging Member is as follows: Title: Name and Address: "MGR" = Manager "MGRM" = Managing Member (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

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

that the facts stated herein are true.)

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

Typed or printed name of signee