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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

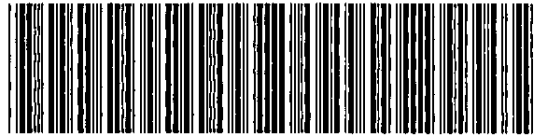
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07 JUL 25 PM 5:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORAF LAL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Arisca & Chris media LLC
(Name of Limited Liability Partnership)

FILED
07 JUL 24 PM 1:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Ernest J. Nelfard
(Name of Person)

Arisca & Chris ~~media~~ media
(Firm/Company)

411 Chapel Dr. Apt# 202
(Address)

Tallahassee Fl 32304
(City/State and Zip Code)

FILED
07 JUL 25 PM 5:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

125.00

For further information concerning this matter, please call:

Ernest J. Nelfard at (954) 655-4723
(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Arisca & Chrise Media LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

411 Chapel Dr. Apt #202
Tallahassee FL, 32304

Mailing Address:

411 Chapel Dr. Apt #202
Tallahassee FL, 32304

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:

Ernest J. N. Ford
Name

411 Chapel Dr. Apt #202
Florida street address (P.O. Box **NOT** acceptable)
Tallahassee FL 32304
City, State, and Zip

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07 JUL 25 PM 5:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.

Ernest J. N. Ford
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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

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

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGR M

Ernest J. Nelfrand
411 Chapel Dr. Apt #202
Tallahassee FL 32304

MGRM

Christy Pierre
3112 NW 19 St Apt. 104
 Ft. Lauderdale 33311

(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:

Ernest J. Nelfrand
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.)

Ernest J. Nelfrand
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)