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Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer	
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Office Use Only



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## **COVER LETTER**

TO:	Registration Division of	n Section Corporations			
SUBJI	ест: <u>SK</u>	(Inny Moose Medi	a, LLC Liability Company)		
The en	closed Articles	s of Organization and fee(s) are sub	mitted for filing.		
Please	return all corre	espondence concerning this matter t	to the following:		
		Tom Remineto	me of Person)		
		Skinny Moose			
		(Fi	rm/Company)		
		1071 Donego	an Rd. #313 (Address)		=
	· · · · · · · · · · · · · · · · · · ·	Largo, FL 33	771		
		(City/St	ate and Zip Code)		
For fur	ther information	on concerning this matter, please ca	11:		
	Tom K	Cemination at me of Person) at	( <u>727</u> ) <u>588</u> - (Area Code & Daytime Te	-7709 Velephone Number) SEP	7
Enclos	ed is a check	for the following amount:		ETHER THE	
<b>\$125</b> .	00 Filing Fee	Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	- He - Marie -
		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	as	

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited	d Liability Company is	s:	
5Kinny /	loose Meda, L with the words "Limited Lial		)
ARTICLE II - Address The mailing address and		principal office of the Lim	ited Liability Company is:
Principal Office Addre	<u>:ss:</u>	Mailing Address:	
Skinny Moose 1071 Donego Largo, FL 337	Media an Rd #313	5kinny Mosse 1 1071 Donegan Largo, FL 33	nudia Rd #313 771
	y cannot serve as its own Reg	ed Office, & Registered A distered Agent. You must designate	
The name and the Florid			
	THOMAS K. Nam	Reming fors  De 20 # 313  ddress (P.O. Box NOT acceptal	•
	071 DONEGAR	v Ra # 313	
	Florida street a	ddress (P.O. Box NOT acceptal	ble)
. <u>-</u> <u>-</u>	LARGO City, State	FL 3377/ , and Zip	2007 TAL
liability company at registered agent and ag statutes relating to the	the place designated in ree to act in this capac proper and complete p	n this certificate, I hereby ac ity. I further agree to comp performance of my duties, a	for the above stated limited except the appointment as oly with the provisions of all and I am familiar with and for in Chapter 608, F.S.
<del></del>	Registered Agent's Sign	atur (REQUIRED)	_

**ARTICLE IV- Manager(s) or Managing Member(s):** The name and address of each Manager or Managing Member is as follows:

<u>Title:</u> "MGR" = Manager	Name and Address:				
"MGRM" = Managing Member $M \subseteq \mathcal{R}$	THOMAS K. Rem moston				
	1071 DONELOAN RD. #313 LARGO, FL 33771				
MGR	STEVEN T. PEMINGTON				
	BANGOR, ME 04401				
	<u></u>				
(Use attachment if necessary)					
ARTICLE V: Effective date, if other than the da (If an effective date is listed, the date must be s to or 90 days after the date of filing.)	ate of filing: (OPTIONAL) specific and cannot be more than five business days prior				
REQUIRED SIGNATURE:					
Signature of a member or an authorized representative of a member.					
of this document constitu	(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.)				
Steven T. Reminaton THOMAS & Remins In 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)