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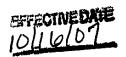
(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
(Charles Liph None II)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
			
Special Instructions to Filing Officer:			

Office Use Only



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SECRELARY OF STATE

ÇOVER LETTER

TO:	Registration Section Division of Corporations
SUBJE	CCT: Southern Press LLC (Name of Limited Liability Company)
The end	closed Articles of Organization and fee(s) are submitted for filing.
Please	return all correspondence concerning this matter to the following:
	Richard Nesbit (Name of Person)
	Southern Press LLC (Firm/Company)
	6825 NW 18th Drive (Address)
	Gainesville FL 37653-1613
	(City/State and Zip Code)
For fur	ther information concerning this matter, please call:
R	(Name of Person) at (352) 372 2634 × 117 (Area Code & Daytime Telephone Number)
Enclos	sed is a check for the following amount:
⊠ \$125.	00 Filing Fee \$\bigcup \\$130.00 Filing Fee & \bigcup \\$155.00 Filing Fee & \bigcup \\$160.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
	Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:		
Southern Press LLC		
(Must end with the words "Limited Liability	y Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address of the print	ncipal office of the Limited Liability Company is:	
Principal Office Address:	Mailing Address:	
6825 NW 18th Drive Gaines ville FL 32653-1613	6825 NW 18+h Drive Gainesville FL 32653-1613	
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registe business entity with an active Florida registration.) The name and the Florida street address of the re	red Agent. You must designate an individual or another gistered agent are:	
Richard B, Nesbit Name		
6825 NW 18th Drive		
. 1	FL32653-1617	
Having been named as registered agent and to a	ccept service of process for the above stated limited is 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)

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

'MGR" = Manager 'MGRM" = Managing Member	Name and Address:
MGRM	Richard Nesbit 27431 NW County Road 1491 Alachua FL 32615

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: (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 that the facts stated herein are true.)

B. Nesbit
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)