# LD800000048

(Requestor's Name)
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(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
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(Decument Number)
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L. SELLERS

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**EXAMINER** 

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SECRETARY OF STATE ALLAHASSEE, FLORIDA

# **COVER LETTER**

TO:	Registration Section Division of Corporations
SUBJI	ECT: Circle boi Publishing (Name of Limited Liability Company)
The en	nclosed Articles of Organization and fee(s) are submitted for filing.
Please	return all correspondence concerning this matter to the following:
	Victoria Woods (Name of Person)
	— Q6 Entertainment (Firm/Company)
	11846 S. Vincennes
	Chicago IL. 60043  (City/State and Zip Code)
For furt	ther information concerning this matter, please call:
Vi	Ctoria Woods at (321) 331–4822 (Area Code & Daytime Telephone Number)
Enclose	sed is a check for the following amount:
\$125.0	00 Filing Fee \$\times \text{\$130.00 Filing Fee & Status}\$\$ Certified Copy (additional copy is enclosed) \$\text{Certified Copy}\$\$ (additional copy is enclosed)
	Mailing Address  Registration Section  Division of Corporations  Street/Courier Address  Registration Section  Division of Corporations

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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:
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The name of the Limited Liability Company is:

Circle Bo Publishing LLC.

(Must end with the words "Limited Liability Company, "L.I.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:	Mailing Address:
6139 froggatt st.	11846 5 VINCONNES
Orlando FI J32835	Chicago IL. 60643
c/o Circle Boi Publishing, LLC.	clocitcle Boi Bublishing, LLC.
J	

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:

Marquis Danie 5

Name

6139 Fragacht st

Florida street address (P.O. Box NOT acceptable)

Orland FL 32835

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)

(CONTINUED)
Page 1 of 2

2008 JAN 17 PM 4: 12

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

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

Title:	Name and Address:
"MGR" = Manager "MGRM" = Managing Member	
MAR	Marguis A. Daniels
	11191 941 7 7 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
MGRM	Victoria Woods
	Chicago I L. 60643
•	
<del></del>	
(Use attachment if necessary)	
THE THE TOTAL THE STATE OF ALL ALL ALL ALL ALL ALL ALL ALL ALL AL	e date of filing: (OPTIONAL)

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.)

1/0/

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)

SECRETARY OF STATE
TALL AHASSEF, FLORIDA

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