

L080000010673

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



000113604430

01/30/08--01008--004 \*\*160.00

FILED  
08 JAN 30 AM 8:52  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

N. Oulligan

JAN 31 2008



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 15, 2008

BLAKE BICKERSTAFF  
407 LAKE HOWELL ROAD, SUITE 121  
MAITLAND, FL 32751

SUBJECT: THEM FEELINGS MULTIMEDIA, LLC  
Ref. Number: W08000002383

We have received your document for THEM FEELINGS MULTIMEDIA, LLC. However, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$160.00. Your document will be retained in our pending file. Please return a copy of this letter to ensure that your check is properly credited.

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) 245-6067.

Neysa Culligan  
Document Specialist

Letter Number: 708A00003166

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Them Feelings Multimedia, LLC  
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Blake Bickerstaff

(Name of Person)

Them Feelings Multimedia, LLC

(Firm/Company)

407 Lake Howell Road, Suite 121

(Address)

Maitland, FL 32751

(City/State and Zip Code)

For further information concerning this matter, please call:

Blake Bickerstaff

(Name of Person)

at ( 407 ) 310-4660

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☐ \$125.00 Filing Fee    ☐ \$130.00 Filing Fee & Certificate of Status    ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)    ☒ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

**Mailing Address**

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

**Street/Courier Address**

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:**

The name of the Limited Liability Company is:

Them Feelings Multimedia, 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:**

407 Lake Howell Road, Suite 121  
Maitland, FL. 32751

**Mailing Address:**

407 Lake Howell Road, Suite 121  
Maitland, FL. 32751

**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:

Blake Bickerstaff

Name

407 Lake Howell Road, Suite 121

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

Maitland, FL. 32751

City, State, and Zip

**FILED**  
08 JAN 30 AM 8:52  
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..*

Blake Bickerstaff

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

**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:**

MGRM

Blake Bickerstaff

407 Lake Howell Road, Suite 121

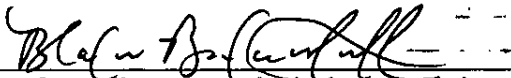
Maitland, FL. 32751

(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 that the facts stated herein are true.)

**Blake Bickerstaff**

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)**

**FILED**  
08 JAN 30 AM 8:53  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA