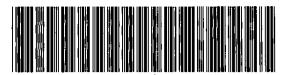
## 18000030061

	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



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J. BRYAN MAR 2 5 2008 EXAMINER

## **COVER LETTER**

10:	Division of Corporations	
SUBJ	Tr. Netroot Campaigns, LLC	
0000	(Name of Limited Liability Company)	
The er	osed Articles of Organization and fee(s) are submitted for filing.	
Please	eturn all correspondence concerning this matter to the following:	
	Sean Doughtie	
	(Name of Person)	
	Taproot Creative Group, LLC	
	(Firm/Company)	
	P.O. Box 10556	
	(Address)	•
	Γallahassee, FL 32302 Γεία 🙀	
	(City/State and Zip Code)	grade.
For fu	real information concerning this matter, please call:  1 Doughtie  (Name of Person)  (City/State and Zip Code)  (City/State and Zip Code)  (Area Code & Daytime Telephone Number)	E Inc. Ser.
Sea	n Doughtie at 850 309-1900	£
	(Name of Person) (Area Code & Daytime Telephone Number)	
Enclo	d is a check for the following amount:	
<b>]</b> \$125	O Filing Fee \$\bigsiz \\$130.00 Filing Fee & \Bigsiz \\$155.00 Filing Fee & \Bigsiz \\$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	•

ARTICLES OF ORGANIZATION FOR FLO	ORIDA LIMITED LIABILITY COMPANY
ARTICLE I - Name:	SQ I
The name of the Limited Liability Company is:	R25 HASS
Netroot Campaigns, LLC  (Must end with the words "Limited Liabilit	v Company "LLC "or "LLC")
ARTICLE II - Address:	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
203 North Gadsden Street, Suite 1 Tallahassee, FL 32301	P.O. Box 10457 Tallahassee, FL 32302
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)  The name and the Florida street address of the registration.	ered Agent. You must designate an individual or another
Sean Doughtie	•
Name  4378 Cripple Cree  Florida street addi  Tallahassee  City, State, ar	ress (P.O. Box <u>NOT</u> acceptable) FL 32309
Having been named as registered agent and to a liability company at the place designated in th registered agent and agree to act in this capacity statutes relating to the proper and complete per	accept service of process for the above stated limited his certificate, I hereby accept the appointment as v. I further agree to comply with the provisions of all rformance of my duties, and I am familiar with and tered agent as provided for in Chapter 608, F.S

(CONTINUED) Page 1 of 2

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:

MODM	On the Double of
MGRM	Sean Doughtie 4378 Cripple Creek Road
	Tallahassee, FL 32309
	<del>-</del>
	MAR HAR
	25
	<u> </u>
	On On
(Use attachment if necessar	v)
·	er than the date of filing: (OPTIONAL
CLE V. Directive date, if our	te must be specific and cannot be more than five business days
effective date is listed, the da	
effective date is listed, the da O days after the date of filing	<u>;</u> ,)
	g.)
0 days after the date of filing	

Sean Doughtie

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)