Division of Corporations Public Access System

## Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H08000106505 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

Division of Corporations

Fax Number : (850)617-6383

: C T CORPORATION SYSTEM Account Name

Account Number : FCA000000023 Phone

: (850)222-1092

Fax Number

: (850)878-5926

## FLORIDA/FOREIGN LIMITED LIABILITY CO.

Yaeger Public Affairs Consulting, LLC

Certificate of Status	0
Certified Copy	Ů
Page Count	03
Estimated Charge	\$125.00

Electronic Filing Menu

Corporate Filing Menu

Help

M. Thomas APR 2 4 2008

4/23/2008

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

A	RI	TC	LE	ľ-	Ngi	ne:

The name of the Limited Liability Company is:

Yaeger Public Affairs Consulting, LLC

(Must and 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:	Mailing Address:	00
1425 Nighthawk Pointe Naples, FL 34105	1425 Nighthawk Pointe Naples, FL 34105	是 为 正
ARTICLE III - Registered Agent, Registere (The Limited Liebility Company cannot serve as its own Regionships entity with an active Florida registration.)	d Office, & Registered Agent's Sig thered Agent. You must dissignate an individual of	mature: HOR 89.20
The name and the Florida street address of the	registered agent are:	Bu

Lynn Yaeger

Name

1425 Nighthawk Pointe

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

Naples, FL 34105

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.

(CONTINUED) Page Lof2

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGR	Lynn Yaeger 1425 Nighthawk Pointe Naples, FL 34105
<del>, , , , , , , , , , , , , , , , , , , </del>	08 100
	ALCONOMIC OF STATE
(Use attachment if necessary)	
ICLE V: Effective date, if other than	n the dats of filing: (OPTIONAL) ust be specific and cannot be more than five business days pri

en blouwione:

Signature of a member or an outborized representative of a member.

(In accordance with section 608,408(3), Florida Statutes, the execution of this document constitutes an affirmation under the panalties of perjury that the facts stated herein are true.)

Lynn Yaeger

Typed or printed name of signes

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)