

L080600 60350

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

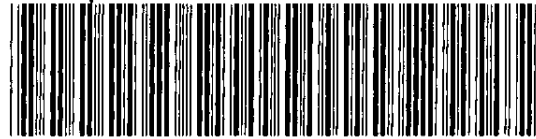
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000130890240

06/19/08--01020--024 **125.00

EFFECTIVE DATE

7/1/08

STATE
TALLAHASSEE, FLORIDA
NOT INTENDED
TO ACKNOWLEDGE
SUFFICIENCY OF FILING

08 JUN 19 AM 8:35
2008 JUN 19 PM 1:39

FILED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

RECEIVED

B. KOHR

JUN 20 2008

EXAMINER

CORPDIRECT AGENTS, INC. (formerly CCRS)
515 EAST PARK AVENUE
TALLAHASSEE, FL 32301
222-1173

FILING COVER SHEET
ACCT. #FCA-14

CONTACT: ASHLEY SMITH
DATE: 06-18-2008
REF. #: 000164.88502
CORP. NAME: THE EDITWORKS, LLC

EFFECTIVE DATE 7/1/08
* Please note
effective date
July 1, 2008
FILED
08 JUN 19 AM 8:35
TALLAHASSEE, FLORIDA

- | | | |
|--|---|---|
| <input type="checkbox"/> ARTICLES OF INCORPORATION | <input type="checkbox"/> ARTICLES OF AMENDMENT | <input type="checkbox"/> ARTICLES OF DISSOLUTION |
| <input type="checkbox"/> ANNUAL REPORT | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME |
| <input type="checkbox"/> FOREIGN QUALIFICATION | <input type="checkbox"/> LIMITED PARTNERSHIP | <input checked="" type="checkbox"/> LIMITED LIABILITY |
| <input type="checkbox"/> REINSTATEMENT | <input type="checkbox"/> MERGER | <input type="checkbox"/> WITHDRAWAL |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION | | |
| <input type="checkbox"/> OTHER: | | |

STATE FEES PREPAID WITH CHECK# 526482 FOR \$ 125.00

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

_____ COST LIMIT: \$ _____

PLEASE RETURN:

- | | | |
|--|---|--|
| <input type="checkbox"/> CERTIFIED COPY | <input type="checkbox"/> CERTIFICATE OF GOOD STANDING | <input checked="" type="checkbox"/> PLAIN STAMPED COPY |
| <input type="checkbox"/> CERTIFICATE OF STATUS | | |

Examiner's Initials

ARTICLES OF ORGANIZATION

FOR

The EditWorks, LLC

The undersigned hereby forms a limited liability company pursuant to Chapter 608, Florida Statutes.

ARTICLE I - NAME

The name of the limited liability company is The EditWorks, LLC.

EFFECTIVE DATE 7/1/08

ARTICLE II - ADDRESS

The street address of the principal office of the limited liability company is 197 Montgomery Avenue, Suite 160, Altamonte Springs, FL 32714, and the mailing address of the limited liability company is 197 Montgomery Avenue, Suite 160, Altamonte Springs, FL 32714.

ARTICLE III - EFFECTIVE DATE

Effective date, if other than the date of filing: July 1, 2008

ARTICLE IV - REGISTERED AGENT

REGISTERED OFFICE & REGISTERED AGENTS SIGNATURE

The name and the Florida street address of the registered agent are:

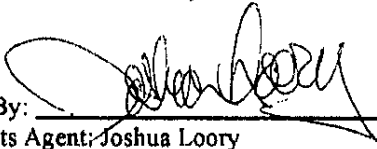
Joshua Loory
197 MONTGOMERY AVENUE, SUITE 160
ALTAMONTE SPRINGS FL 32714

FILED
08 JUN 19 AM 8:35
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.

By: 
Its Agent: Joshua Loory

(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 herein are true.)

By: 
Its Agent: Joshua Loory
Authorized Representative of a Member