# 08000100155

(Re	equestor's Name)	
(Ac	ddress)	
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(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Business Entity Name)		
(Document Number)		
Certified Copies	_ Certificates	of Status
Special Instructions to Filing Officer:		
		:
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**EXAMINER** 





ACCOUNT NO. : 072100000032
REFERENCE: 767957 7674324
AUTHORIZATION Smells blend
COST LIMIT : V\$ 1/25.00
COST LIMIT: \$ 1/25.00  ORDER DATE: October 23, 2008  ORDER TIME: 12:47 PM
<b>6</b> 21'
ORDER NO. : 767957-001
CUSTOMER NO: 7674324
DOMESTIC FILING
NAME: MEDIA MANAGERS LLC
EFFECTIVE DATE:
XX ARTICLES OF ORGANIZATION
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:
XX PLAIN STAMPED COPY
CONTACT PERSON: Heather Chapman - EXT. 2908
EXAMINER'S INTITALS:

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

#### **ARTICLE I - Name:**

The name of the Limited Liability Company is:

# MEDIA MANAGERS 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:**

Urbanizacion Miranda Calle la entrada residencias el cerro quinta la chipola Caracas, Venezuela, 1071

# **Mailing Address:**

Urbanizacion Miranda Calle la entrada residencias el cerro quinta la chipola Caracas, Venezuela, 1071

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:

Corporation Service	e Company	
Nar	ne	
1201 Hays Street		
Florida street address (P.O. Box NOT acceptable)		
Tallahassee	<sub>FL</sub> 32301	
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..

/s/ Heather Chapman	
Registered Agent's Signature (REQUIR	ED)

(CONTINUED)
Page 1 of 2

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

5 . 3

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

Title: "MGR" = Manager	Name and Address:
"MGRM" = Managing Men	
MGR	Cynthia Lopez  Urbanizacion Miranda Calle la entrada residencias el cerro quinta la chipola Caracas, Venezuela, 1071
(Use attachment if necessar	ry)
ICLE V: Effective date, if other offective date is listed, the days after the date of filing	er than the date of filing: (OPTIONAL)  ate must be specific and cannot be more than five business days prior  g.)
<u>REQUIRED</u> SIGNATUR	Æ:

/s/ Cynthia Lopez

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.)

Cynthia Lopez

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)