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SECRETARY OF STATE

T. CLINE

OCT 27 2008

EXAMINER

COVER LETTER

TO: Registration Division of C			
SUBJECT:	TROYDAVIDS	SON COMMUNICATIONS ed Liability Company)	LLC.
The enclosed Articles	of Organization and fee(s) are	submitted for filing.	
Please return all corres	spondence concerning this matt	ter to the following:	
	TROY DAV	(. tame or reason)	
TR	oy DAVIDSO	N Communication	<u>s</u> llc
18	33 WOODI	HAVEN CIRCLE (Address)	
S	ARASOTA,	F J 34232 ty/State and Zip Code)	
For further information	n concerning this matter, please	e call:	
TROY DA	NIDSON ne of Person)	at (941) 379-6000 (Area Code & Daytime Telephone Number)	~)
Enclosed is a check	for the following amount:	ALL AH	7199 OC
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & \$160.00 Filing Fee Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)	IS & IV
	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	25

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:	
TROY DAVIDSON COMI	MUNICATIONS CLC y Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the printing address and street address of the printing address.	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
1833 WOOD HAVEN CIR SARASOTA, FI 34232	1833 WOODHAVEN CIR SARASOTA, FI 34232
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 re	gistered agent are:
TROY DAV	IDSON
	HAVEN CIR ess (P.O. Box NOT acceptable)
SARASOFA City, State, an	FL 34232 d Zip
liability company at the place designated in the registered agent and agree to act in this capacity. statutes relating to the proper and complete per	ccept service of process for the above stated imited is certificate, I hereby accept the appointment as I further agree to comply with the provisions of all formance of my duties, and I am familier with and ered agent as provided for in Chapter 608, E.S.
Registered Agent's Signatur	FLORIDA FLORIDA FLORIDA FLORIDA

(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:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGR	TROY DAVIDSON 1833 WOODHAVEN CIR SARASOTA, FI 34232
(Use attachment if necessary) ARTICLE V: Effective date, if other than t	he date of filing:
(If an effective date is listed, the date must to or 90 days after the date of filing.)	be specific and cannot be more than five business days prior
REQUIRED SIGNATURE: Signature of a mem	eber or an authorized representative of a member.
(In accordance with of this document corthat the facts state	section 608.408(3), Florida Statutes, the execution estitutes an affirmation under the penalties of perjury d herein are true.) O Y DAVIDSON Typed or printed name of signee
Filing Fees: \$125.00 Filing Fee for Articles of Or	ganization and Designation

Page 2 of 2

\$ 30.00 Certified Copy (Optional)\$ 5.00 Certificate of Status (Optional)