47000032074

(Requestor's Name)
(ixequestors iname)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Dusiliess Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
Special instructions to Family Officer.
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G. MCLEOD

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EXAMINER



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COVER LETTER

TO:	Registration Division of C			
SUBJ	ECT: ALL I	n 1 Media, LLC		
			ted Liability Compa	uny)
The er	nclosed Articles	of Organization and fee(s) are	submitted for filing	ş.
Please	return all corres	pondence concerning this mat	ter to the following	:
	John J. Fa	arrell III		
	 		(Name of Person)	
	All In 1 M	edia LLC		
			(Firm/Company)	
	1092 Eas	tbrook Blvd		
			(Address)	
	Winter Pa	rk, Florida, 32792		
		(Ci	ty/State and Zip Code)
For fu	rther information	concerning this matter, pleas	e call:	
Joh	n Farrell		_ _{at} (_407)	765-5293
	(Name	e of Person)	(Area Code	& Daytime Telephone Number)
Enclo	sed is a check for	or the following amount:		
□\$ 125	.00 Filing Fee	S130.00 Filing Fee & Certificate of Status	\$155.00 Filing Certified Copy (additional copy	cy Certificate of Status &
		Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Registration Division of Clifton Bo 2661 Exec	of Corporations

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is	:	
ALL IN 1 MEDIA LLC.		
(Must end with the words "Limited Liab	oility Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address:		
The mailing address and street address of the p	principal office of the Limited Liabilit	ty Company is:
Principal Office Address:	Mailing Address:	,
1092 Eastbrook Blvd	P.O.Box 1772	
Winter Park, Florida	Goldenrod, Florida	
32792	32733-9998	<u></u>
ARTICLE III - Registered Agent, Registere (The Limited Liability Company cannot serve as its own Regi business entity with an active Florida registration.)		
The name and the Florida street address of the	registered agent are:	99 VIS
John J. Farrell III	and the second s	APR STA
Name	e	<u> </u>
1092 Eastbrook Blv	<u>d</u>	
Florida street ad	idress (P.O. Box <u>NOT</u> acceptable)	II.
Winter Park,	FL 32792	: 30
City, State,	and Zip	7

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..

Registered Agent's Signature (REQUIRED)

(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:

"MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGRM	Marcos Olivares
	198 Lewfield Circle
	Winter Park, Florida, 32792
MGRM	Priscilla Farrell
	1092 Eastbrook Blvd.
	Winter Park, Florida, 32792
(Use attachment if necessary)	
	he date of filing: (OPTION be specific and cannot be more than five business dates
REQUIRED SIGNATURE:	· —
Solve	ber or an authorized representative of a member.

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)

John J. Farrell III

\$ 5.00 Certificate of Status (Optional)

Typed or printed name of signee