

LD9000065699

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

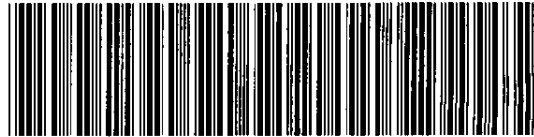
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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07/07/09--01022--023 **125.00

EFFECTIVE DATE

7/1/09

SECRETARY OF STATE
TALLAHASSEE FLORIDA

09 JUL -7 AM 11:56

FILED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PALM BEACH e-MEDIA GROUP LLC
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

RICHARD ALKER

Name of Person

PALM BEACH eMEDIA GROUP LLC

Firm/Company

10502 VIGNON CT, WELLINGTON

Address

FLORIDA, 33449

City/State and Zip Code

richard e palm beach e media . com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

RICHARD ALKER

Name of Person

at (561) 889 3087

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- ☒ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

PALM BEACH E MEDIA GROUP 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:

10502 VIGNON CT,
WELLINGTON,
FLORIDA, 33449

Mailing Address:

10502 VIGNON CT
WELLINGTON
FLORIDA, 33449

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:

GLENN SWIFT

Name

951 N.W. FRESCO WAY, #206

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

JENSEN BEACH FL 34957

City, State, and Zip

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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..



Registered Agent's Signature (REQUIRED)

(CONTINUED)

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

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

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

MGRM

ELEVA INC.
10502 VIGNON CT
WELLINGTON, FL 33449

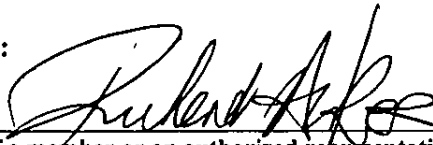
HOOPER-SWIFT PUBLICATIONS INC.
951 NW FRESCO WAY, #206
JENSEN BEACH, FL 34957

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: JULY 1ST, 2009. (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

REQUIRED SIGNATURE:



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.)

RICHARD ALKER

Typed or printed name of signer

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)

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TALLAHASSEE FLORIDA