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**EXAMINER** 

# **COVER LETTER**

TO:	Registration Section Division of Corporations
SUBJE	CT: RED! Media Entertainment LLC
	Name of Limited Liability Company
The end	Name of Limited Liability Company  Solosed Articles of Organization and fee(s) are submitted for filing.
Please	eturn all correspondence concerning this matter to the following:
	Gerhard Starrermayr
	Name of Person
	RED! Media Entertainment LLC
	Firm/Company
	4406 73 St N
	Address
-	St Petersburg, FL 33709  City/State and Zip Code
	cfo@thomsnllc.com
-	E-mail address: (to be used for future annual report notification)
For furt	ner information concerning this matter, please call:
	Lori Saul at ( 727 ) 546-4219  Name of Person Area Code & Daytime Telephone Number
Enclos	d is a check for the following amount:
<b>]</b> \$125.0	O Filing Fee \$\bigcup \\$130.00 Filing Fee \& Certificate of Status \$\bigcup \\$155.00 Filing Fee \& Certificate of Status \& Certified Copy (additional copy is enclosed) \$\bigcup \\$160.00 Filing Fee, Certified Copy (additional copy is enclosed)
ne a	Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liabil	lity Company is:	
RED! (Must end with the v	Media Entertainment LLC words "Limited Liability Company," "L.L.C.," or "LLC	C.")
ARTICLE II - Address: The mailing address and street	address of the principal office of the Limi	ited Liability Company is:
Principal Office Address:	Mailing Address:	
4406 73 St N St Petersburg, FL 33709	4406 73 St N St Petersburg, FL 33	3709
The Limited Liability Company cannot s business entity with an active Florida reg	t address of the registered agent are:	
<del> </del>	Lori Saul Name	POR S
Florida	4406 73 St N street address (P.O. Box NOT acceptable)	33
	rahura 22700	
	City, State, and Zip	
liability company at the place registered agent and agree to a statutes relating to the proper accept the obligations of my	red agent and to accept service of process for designated in this certificate, I hereby action this capacity. I further agree to compound and complete performance of my duties, and position as registered agent as provided for the compound of the compound	cept the appointment as bly with the provisions of all and I am familiar with and
Registi	ered 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:

	Name and Address:
'MGR" = Manager 'MGRM" = Managi	ng Member
MGRM	Gerhard Starrermayr
	4406 73 St N
	St. Petersburg, FL 33709
	<del> </del>
	· · · · · · · · · · · · · · · · · · ·
Use attachment if no	
EV: Effective date	ecessary)  i, if other than the date of filing:
E V: Effective date ective date date date date date	ecessary)  s, if other than the date of filing: (OPTION the date must be specific and cannot be more than five business of filing.)
EV: Effective date ective date date date date date date date dat	ecessary)  s, if other than the date of filing: (OPTION the date must be specific and cannot be more than five business of filing.)
EV: Effective date ective date detective date is listed, lays after the date of REQUIRED SIGNA	ecessary)  s, if other than the date of filing: (OPTION the date must be specific and cannot be more than five business of filing.)
LE V: Effective date ective date is listed, lays after the date of REQUIRED SIGNATES	ecessary)  c, if other than the date of filing:
EV: Effective date ective date is listed, lays after the date of REQUIRED SIGNATES	ecessary)  a, if other than the date of filing:
LE V: Effective date ective date is listed, lays after the date of REQUIRED SIGNATES	ecessary)  s, if other than the date of filing:

of Registered Agent

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