

# 40900094283

(Requestor's Name)			
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PICK-UP WAIT MAIL			
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000161230020

10/05/09--01003--022 \*\*125.00

Effective Date 10/1/09

SECRETARY OF STATE OF CORPORATION

T. HAMPTON

OCT - 6 2009

EXAMINER

#### **COVER LETTER**

TO: Registratio Division of	n Section Corporations		
SUBJECT:	Ĺ	l2 Media Group	
	Name of Limi	ted Liability Company	•
The enclosed Article	s of Organization and fee(s) are	submitted for filing.	
Please return all corr	espondence concerning this mat	ter to the following:	
	Cı	ırt Champagne	
		Name of Person	
	U2 N	ledia Group, LLC.	
		Firm/Company	
	1522 W	nite Hall Dr. Unit 204	
		Address	
		avie, FL 33324	
		ty/State and Zip Code	
	Curtcha E-mail address: (to be used	mpagne@yahoo.com for future annual report notification)	
For further information	on concerning this matter, pleas		
	t Champagne	at ( 754 ) 581-4938	
Nar	ne of Person	Area Code & Daytime Telephone Number	
Enclosed is a check	for the following amount:		
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	S155.00 Filing Fee & S160.00 Filing Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is	Status &
	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

## Effective Date 10/1/09

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:				
(Must end with the words "Limit	a Group, LLC ted Liability Company," "L.L.C.," or "LLC.")			
ARTICLE II - Address: The mailing address and street address or	f the principal office of the Limited Liability Company is:			
Principal Office Address:	Mailing Address:			
1522 White Hall Dr. Unit 204 Davie, FL 33324	1522 White Hall Dr. Unit 204 Davie, FL 33324			
	istered Office, & Registered Agent's Signature: wn Registered Agent. You must designate an individual or another of the registered agent are:			
Curl	t Champagne Name			
1522 Whi Florida street addre	ite Hall Dr. Unit 204 ess (P.O. Box <u>NOT</u> acceptable)			
Davie, FL 333 City,	24 FL State, and Zip			
liability company at the place designa registered agent and agree to act in this o statutes relating to the proper and comp	and to accept service of process for the above stated limited ated in this certificate, I hereby accept the appointment as capacity. I further agree to comply with the provisions of all plete performance of my duties, and I am familiar with and as registered agent as provided for in Chapter 608, F.S			

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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#### 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>	<u>Name and Address:</u>
"MGR" = Manager "MGRM" = Managing N	Member .
MGR	
Wildit	Curt Champagne 1522 White Hall Dr. Unit 204
	Davie FL 33324
	Davie, Ft. 55524
(Use attachment if neces	sary)
effective date is listed, the 0 days after the date of fil REQUIRED SIGNATU	<b>0</b> /
Signatu	re of a member or an authorized representative of a member.
of this of	ordance with section 608.408(3), Florida Statutes, the execution document constitutes an affirmation under the penalties of perjury facts stated herein are true.)
	Curt Champagne
	Typed or printed name of signee
<u>Filing Fees:</u>	

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

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