(Reque	stor's Name)	
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**EXAMINER** 

Office Use Only



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# **COVER LETTER**

SUBJECT:	VIDE	PRO MEDIA LLC	
		d Liability Company	
The enclosed Article	es of Organization and fee(s) are s	ubmitted for filing.	
Please return all cor	respondence concerning this matte	er to the following:	
	Denise		2009 TAL
		Name of Person	8
	VIDP	RO MEDIA LLC	TIAR HASS
		Firm/Company	SEE, FLO
		POB 658	FLO
<u></u>		Address	25 J
	LADY LA	AKE FL 32158-0658	<b>*</b>
<del></del>	City	/State and Zip Code	
<del></del>	vidpro	o2@hotmail.com	
			1)
For further informat	ion concerning this matter, please	call:	
	mme of Person	at ( 352 ) Area Code & Daytime T	750-2755 elephone Number
Enclosed is a chec	k for the following amount:		
]\$125.00 Filing Fe	ce \$\sqrt{\$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 Addra Registration Section Division of Corporati Clifton Building 2661 Executive Cente Tallahassee, FL 3230	ons er Circle

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:				
VIDPRO MED  (Must end with the words "Limited Liabil				
ARTICLE II - Address: The mailing address and street address of the pr	incipal office of the Limited Liability Company is:			
Principal Office Address:	Mailing Address:			
2662 Privada Dr. The Villages, FL 32162  ARTICLE III - Registered Agent, Registered	POB 658 SA			
(The Limited Liability Company cannot serve as its own Regist business entity with an active Florida registration.)	tered Agent. You must designate an individual or another 😃			
The name and the Florida street address of the r	egistered agent are:			
D.E. Lasley				
Name				
2662 Privada Dr.				
Florida street address (P.O. Box NOT acceptable)				
The Villages	FL 32162			
City, State, a	nd Zip			

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:

<u>Title:</u> "MGR" ≈ Manager "MGRM" = Managing Member	Name and Address:
MGR	D.E. Lasley 2662 Privada Dr. The Villages, FL 32162
Managing Member	D.J. Lasley (Denise) 2662 Privada Dr. The Villages, FL 32162
	SECHE ANY OF SALLAHASSEE, FL
(Use attachment if necessary)	
If an effective date is listed, the date must be or 90 days after the date of filing.)  REQUIRED SIGNATURE:	e date of filing: October 7, 2009. (OPTIONAL)  De specific and cannot be more than five business days prior  Line of an authorized representative of a member.
(In accordance with se	ection 608.408(3), Florida Statutes, the execution stitutes an affirmation under the penalties of perjury
Filing Fees:	D.E. LASLEY  yped or printed name of signee
\$125.00 Filing Fee for Articles of Orga	unication and Designation

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