L09000100540

(Requestor's Name) (Address) (Address)	600161464786		
(City/State/Zip/Phone #)	,		
(Business Entity Name)	10/16/0901040004 **160.00		
(Document Number)	t from the state of the state o		
Certified Copies Certificates of Status	Ces Sties Come conta		
Special Instructions to Filing Officer:	**************************************		

L. SELLERS

OCT 192009

EXAMINER

Office Use Only

9 DET 16 AM 8: 38

Gary Regenhardt PLLC

ATTORNEYS & COUNSELLORS

SUITE 7000 8500 LEESBURG PIKE VIENNA, VA 22182-2409 TELEPHONE (703) 848-2828 FACSIMILE (703) 893-9276 www.garyreg.com

> JESSICA A. TADLOCK PARALEGAL 703-848-7573 Direct Telephone 703-848-7574 Direct Facsimile jtadlock@garyreg.com

STUART H. GARY*
LINDA D. REGENHARDT†*
RACHEL J. GOLDSTEIN†
MICHAEL J. WADE^

GEORGE B. DELTA††
ALAN D. TITUS†
OF COUNSEL

^ADMITTED VA
*ADMITTED VA AND DC
†ADMITTED VA, DC AND MD
††ADMITTED VA, DC AND NY
*CERTIFIED EXPERT BUSINESS BANKRUPTCY

October 15, 2009

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Via Federal Express

RE: Wit tees LLC

Battle Athletics LLC

Torres Publishing Enterprises LLC

To Whom It May Concern:

Enclosed please find original Articles of Organization and a check for filing fees in the amount of \$160.00 for the each entity referenced above.

Please return all confirmation paperwork to the undersigned via Federal Express using the provided envelope.

If you have any questions, please feel free to contact me. Thank you in advance for your assistance in this matter.

Sincerely

GARY REGENHARDT PLLC

By: A. Tadlock

Paralega

COVER LETTER

TO:

Registration Section

Division of Co	rporations		
SUBJECT:	Torres Pul	blishing Enterprises, LLC	
		ted Liability Company	
The enclosed Articles of	Organization and fee(s) are	submitted for filing.	
Please return all correspondent	ondence concerning this ma	tter to the following:	
	Jes	ssica A. Tadlock	
		Name of Person	
	Gary 8	Regenhardt PLLC	
		Firm/Company	_
	9500 1 oo	shura Riko. Suito 7000	
	0500 Lee:	sburg Pike, Suite 7000 Address	-
		enna, VA 22182	_
		ty/State and Zip Code	
	Jtadl E-mail address: (to be used	ock@garyreg.com for future annual report notification)	
For further information of	concerning this matter, pleas		
	a Tadlock	at (703) 848-2828	
Name o	of Person	Area Code & Daytime Telephone Number	
Enclosed is a check for	r the following amount:		
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed) \$160.00 Filing Fee, Certificate of Status & Certified Copy	
		(additional copy is enclosed	a)
	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:		
Torres Publishing Ent	terprises, LLC	·····
(Must end with the words "Limited Liabilit	y Company," "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address of the pri	ncipal office of the Limited L	iability Company is:
Principal Office Address:	Mailing Address:	
3822 Papaya Street St. James City, FL 33956	3822 Papaya Street St. James City, FL 33956	
ARTICLE III - Registered Agent, Registered The Limited Liability Company cannot serve as its own Registe business entity with an active Florida registration.)	Office, & Registered Agent's red Agent, You must designate an indiv	s Signature: vidual or another
The name and the Florida street address of the re	gistered agent are:	
Corporation Servi	ce Company	
Name		
1201 Hays	Street	
Florida street address (P.O.)	Box <u>NOT</u> acceptable)	
Tallahassee FL 32301	FL	
City, State, an	d Zip	
Having been named as registered agent and to a liability company at the place designated in the registered agent and agree to act in this capacity statutes relating to the proper and complete per accept the obligations of my position as register	iis certificate, I hereby accept t . I further agree to comply wit formance of my duties, and I a	he appointment as h the provisions of all m familiar with and
Registered Agent's Signatu Doreen S. Haeselin, Asst. V		P 09 OCT 1
(CONTINU	JED)	ILED

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:

Title:		Name and Address:			
"MGR" = Manage "MGRM" = Mana					
MGRM	_	Jerry W. Torres			
		3822 Papaya Street			
		St. James City, FL 33956		_	
	_			_	
				<u> </u>	
	_			_	
					
	_			_	
				_	
CLE V: Effective date of the d	ed, the date must be e of filing.)	date of filing:e specific and cannot be more than five b	(OPTIO Ousiness	ONAI s days	L.
\$	Signature of a membe	or an authorized representative of a member	•		
	(In accordance with sec of this document const that the facts stated her	tion 608.408(3), Florida Statutes, the execution itutes an affirmation under the penalties of perjuryein are true.)	y		
		,			
	Туј	Jerry W. Torres ped or printed name of signee			
<u>Filing Fees:</u>	Туј	Jerry W. Torres			
		Jerry W. Torres ped or printed name of signee	1 A	9	
\$125.00 Filing Fe	e for Articles of Organ	Jerry W. Torres	SEC TALL	090	
\$125.00 Filing Fe	e for Articles of Organ	Jerry W. Torres ped or printed name of signee	SECRE TALLAH	09 001	