109000112343

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
109000044884

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19 NOV 20 PM 1: 39

SECRETARY OF STATE
ALLAHASSEE. FLORIDA

D. BRUCE

NOV 2 3 2009

EXAMINER

COVER LETTER

Division of C						
SUBJECT:	Ghetto	Fabulous Mag	azine			
		ted Liability Company				
The enclosed Articles	of Organization and fee(s) are	submitted for filing.				
Please return all corres	pondence concerning this ma	tter to the following:				
	Roc	sevelt James Jr.				
		Name of Person				
	Ghetto	Fabulous Magazi	ne			
		Firm/Company		4	_	
	1777 Lau	iderdale Manors d	lrive	/LL/	09 NOV 20	_
·		Address		五五	\$	-
	Ft la	uderdale FL 3331	1	SSE		r
		ty/State and Zip Code		- 54	3	Ę.
	ghettofai	bulous03@yahoo	.com	TOF ATS		*
	E-mail address: (to be used	for future annual report no	otification)	D/m	9	•
For further information	concerning this matter, pleas	e call:		_		
Sama	antha James	at (954)	8257197			
Name	e of Person	Area Code & D	Daytime Telephone Num	ber		
Enclosed is a check t	for the following amount:					
Certificate of Status Certified Copy Ce		Certifica	Filing Fee			
		(auditional copy is e		al copy al copy is encl	osed)	
	Mailing Address Registration Section	Street/Courie Registration S				
	Division of Corporations	Division of C	orporations			
	P.O. Box 6327 Tallahassee, FL 32314	Clifton Build 2661 Executi	ing ve Center Circle			
	- , • •	Tallahassee, l				

FLORIDA DEPARTMENT OF STATE Division of Corporations

October 21, 2009

ROOSEVELT JAMES JR 1777 LAUDERDALE MANORS DRIVE FT. LAUDERDALE, FL 33311

SUBJECT: GHETTO FABULOUS MAGAZINE

Ref. Number: W09000046884

We have received your document for GHETTO FABULOUS MAGAZINE and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of a limited liability company must end with the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The word "Limited" may be abbreviated as "Ltd." and the word "Company" may be abbreviated as "Co." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC." Please amend your document accordingly.

The designation of the registered office and the registered agent, both at the same Florida street address, must be contained within the document pursuant to Florida Statutes. The registered agent must sign accepting the designation as required by Florida Statutes.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6984.

Deborah Bruce Regulatory Specialist II

Letter Number: 509A00033581

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

()				
ARTICLE I - Name:				
The name of the Limited Liability Compa	any is:			
	tc 1,			
Chatta Fab.	110"			
(Must and with the words "Limite	ulous Magazine 44 C. ed Liability Company,"L.C.," or "ELC.")			
(Muse circ with the words Limite	a Liability Company, we L.E.C., or LEC			
ARTICLE II - Address:				
The mailing address and street address of	the principal office of the Limited Lia	bility Company is:		
	-			
Principal Office Address:	Mailing Address:	Mailing Address:		
4777 Laudadala managada	4777	_		
1777 Lauderdale manors dr Ft. Lauderdale, FL 33311	1777 Lauderdale manors dr Et Lauderdale, FL 33311			
T. Laudeldale, T. L. 555 FT	FI LAUGHIDAIH, FL 33311			
, , , , , , , , , , , , , , , , , , , ,		·		
ARTICLE III - Registered Agent, Regi	stered Office, & Registered Agent's	Signature:		
(The Limited Liability Company cannot serve as its ow	n Registered Agent. You must designate an individ	tual or another 🚤		
business entity with an active Florida registration.)		tual or importer No.		
The name and the Florida street address o	of the registered agent are:	ASS PASS		
0	165 - 7	n or SH		
-KOOSEVE I	Name Nor Nor Nor Nor Nor Nor Nor No	HOV 20 PM 1: 39 RETARY OF STATE AHASSEE, FLORI		
	1	OF A		
1777 Laude	Nale Planors Drive	8H 39		
Florida street addres	ss (P.O. Box <u>NOT</u> acceptable)	Þ		
City,	e FL 333// State, and Zip			
Having been named as registered agent a				
	ted in this certificate, I hereby accept the			
registered agent and agree to act in this co statutes relating to the proper and comp				
	is registered agent as provided for in Ch			
- Consequences of my position a	/	мр.с. 000, 1 .в		
	" fe			
· J. Ken				
Registered Agent's	s Signature (REOUIRED)			

(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

Title:		Name and Address:			
"MGR" = Manag "MGRM" = Man	•				
	uging Moinoci				
CEO	_	Roosevelt James			
		1777 Lauderdale manors dr.	 		
		Ft. Lauderdale, FL 33311			
MGR		Climmie Jees Walker			
		1777 Lauderdale manors dr.			
		Ft. Lauderdale, FL 33311			
MGRM		Cvnthia Jackson			
1000	_	1777 Lauderdale manors dr.			
		Ft. Lauderdale, FL 33311			

(Use attachment i	if necessary)				
DATE OF THE STATE		- C 51'	(OPTION)		
	•	e of filing: (ecific and cannot be more than five bu	•	,	io»
or 90 days after the da		ecinc and cannot be more than five bu	isiness day	/s pr	юг
	og.,				
<u>REQUIRED</u> SIG					
	A fecos	1/2	$\vec{\Xi}_{co}$	0	
	Signature of a member or	an authorized representative of a member.	ECA LLA	N 6(
•	(In accordance with section	608.408(3), Florida Statutes, the execution as an affirmation under the penalties of perjury		09 NOV 20	
	Roc	osevelt James Jr.	구유	PM	П
		or printed name of signee	107 115		O
Filing Fees:				ည	
			▶	~	

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)

- \$ 5.00 Certificate of Status (Optional)