0000016005

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

FEB 1 1 2010

EXAMINER

Office Use Only



300168056703

02/08/10--01050--023 **125.00

COVER LETTER

TO:	Registration and Division of Co			
SUBJI	ECT:	ALL-N	N-One Media Group	
		Name of Limit	ted Liability Company	
The en	closed Articles	of Organization and fee(s) are	submitted for filing.	
Please	return all corres	pondence concerning this mat	ter to the following:	
			Steve Currie III	
			Name of Person	
		All-N-	One Media Group	
			Firm/Company	RE IARY AHASSE
		4000	One of the 12 to become a Pool	ASS
		1003	South Kirkman Rd Address	CT-
			1 24401000	OF STA
		· · . · · · · · · · · · · · · · · ·	ndo, Florida 32811	
		Cì	ty/State and Zip Code	F. (19)
		janua	ryinfo@yahoo.com for future annual report notification)	
		•	• ,	
For fur	rther information	concerning this matter, pleas	e call:	
	Stev	re Currie III	_at (407)29	06-0608
		of Person	Area Code & Daytime Telep	phone Number
Enclo	sed is a check f	or the following amount:		
]\$125	.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status		\$160.00 Filing Fee,
		Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)
		Mailing Address	Street/Courier Address	
		Registration Section Division of Corporations	Registration Section Division of Corporations	
		P.O. Box 6327	Clifton Building	
		Tallahassee FI 37314	2661 Evecutive Center C	trole

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name The name of the List	ne: mited Liability Company	is:	
	ALL-N-One Med	dia Group LLC.	·
(Mu	st end with the words "Limited Li	iability Company," "L.L.C.," or "LLC."	")
ARTICLE II - Ad	drace.		
		principal office of the Limite	ed Liability Company is:
_			
Principal Office A	ddress:	Mailing Address:	
1003 South Kirkm	nan Rd	2042 Torrey Drive	
		Orlando, Florida	
32811		32818	
business entity with an a	ctive Florida registration.) Torida street address of the	0	2010 F SECR TALLA
		Currie III	AS
	Na	me	EB-8 PH ETARY OF HASSEE. FI
	2042 To	orrey Drive	PH 20 OF STATE E. FLORIE
Florida street address (F		P.O. Box NOT acceptable)	C S A
Orlando,Florida 3281		18 _{FL}	
	City, Stat	e, and Zip	12
liability compar registered agent an statutes relating t	ny at the place designated in ad agree to act in this capa o the proper and complete	to accept service of process for in this certificate, I hereby accertificate, I hereby accertificate, I further agree to comply performance of my duties, and egistered agent as provided for	ept the appointment as with the provisions of all I I am familiar with and

Page 1 of 2 (CONTINUED)

Registered Agent's Signature (REQUIRED)

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ľ	T	1
ť]

ARTICLE IV	- Manager() or Managing	Member(8):
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The name and address of each Manager or Managing Member is as follows:

"MGR" = Manag	per	Name and Address:	JAT SE	2
"MGRM" = Man			CRE	2010 FFR
MGR		Steve Currie III	ZS <u>≯</u>	32
	, '	2042 Torrey Drive	Щ-<	
		Orlando, Florida 32818	—————————————————————————————————————	ZK.
			1.5	Ň
MGRM		Shannon Currie		
		2042 Torrey Drive	9	1
		Orlando, Florida 32818		
MGRM		Vincent Polite		
		5931 Beechmont Blvd		
		Odando, Florida 32808		
				
****	_			
(Use attachment	if necessary)			
•	• •	ne date of filing: 2/8/2010	. (OPTION	'AL'
CLE V: Effective of the course	date, if other than th	ne date of filing: 2/8/2010 be specific and cannot be more than five	(OPTION	•
LE V: Effective	date, if other than th	ne date of filing: 2/8/2010 be specific and cannot be more than five	• `	,
CLE V: Effective of the course	date, if other than the ted, the date must ate of filing.)	ne date of filing: 2/8/2010 be specific and cannot be more than five	• `	,
LE V: Effective of ffective date is list days after the days	date, if other than the ted, the date must ate of filing.)	ne date of filing: 2/8/2010 be specific and cannot be more than five	• `	,
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LE V: Effective of ffective date is list days after the days	date, if other than the ted, the date must ate of filing.) GNATURE: Signature of a mem	be specific and cannot be more than five	e business da	,
LE V: Effective of ffective date is list days after the days	date, if other than the ted, the date must ate of filing.) GNATURE: Signature of a mem (In accordance with sof this document continuation)	be specific and cannot be more than five ber or an authorized representative of a member section 608.408(3), Florida Statutes, the execution institutes an affirmation under the penalties of per	e business da	,
LE V: Effective of fective date is list days after the days	date, if other than the ted, the date must ate of filing.) GNATURE: Signature of a mem (In accordance with secondance)	be specific and cannot be more than five ber or an authorized representative of a member section 608.408(3), Florida Statutes, the execution institutes an affirmation under the penalties of per	e business da	,

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)