## L10000024469

(Requestor's Name)
(Address)
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PICK-UP WAIT MAIL
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MAR -4 2010

**EXAMINER** 

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

## **COVER LETTER**

	D: Registration Section Division of Corporations		
SUBJECT: Central	Florida Digital Media, L Name of Limit	LC ted Liability Company	
The enclosed Articles of	of Organization and fee(s) are	submitted for filing.	
Please return all corres	pondence concerning this mat	tter to the following:	
Joseph Keim	an		
·		Name of Person	
Central Florid	da Digital Media	Tr. 40 :	
	Firm/Company		
13144 Wexfo	rd Hollow Road North	Address	
		Address	
Jacksonville,	Florida, 32224	ty/State and Zip Code	
jkeirnan@cor		ty/otate and hip code	
<u> </u>		for future annual report notification)	
For further information	concerning this matter, pleas	e call:	
Joseph Keirnan		at (904 )318-4118	
Name	of Person	Area Code & Daytime Telep	ohone Number
Enclosed is a check for	or 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 State Certified Copy (additional copy is end
	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 Ci Tallahassee, FL 32301	ircle
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ARTICLES OF ORGANIZATION F	OR FLORIDA LIMITED LIABILITY COMPANY
ARTICLE I - Name: The name of the Limited Liability Comp	pany is:
Central Florida Digital Media, LLC	<u> </u>
(Must end with the words "Limi	ited Liability Company, "L.L.C.," or "L.L.C.")
ARTICLE II - Address: The mailing address and street address o	of the principal office of the Limited Liability Company is:
Principal Office Address:	Malling Address:
3144 Wexford Hollow Road North	13144 Wexford Hollow Road North
Jacksonville, Florida 32224	Jacksonville, Florida, 32224
The Limited Liability Company cannot serve as its o business entity with an active Florida registration.)	gistered Office, & Registered Agent's Signature: own Registered Agent. You must designate an individual or another
The name and the Florida street address	of the registered agent are:
Laura Ferrante	
	Name

248-3 Levy Road Florida street address (P.O. Box NOT acceptable)

Atlantic Beach

FL 32233

City, State, and 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 thy position as registered agent as provided for in Chapter 608. F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED) Page 1 of 2

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## 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:
Managing Member	Brian Keiman
	13144 Wexford Hollow Rd. N.
	Jacksonville, FL, 32224
Managing Member	Joseph Keirnan
<del>- "</del>	13144 Wexford Hollow Rd. N.
	Jacksonville, FL, 32224
Managing Member	Carol Keirnan
	13144 Wexford Hollow Rd. N.
	Jacksonville, FL, 32224
	an the date of filing: (OPTIONAL) ust be specific and cannot be more than five business days prior
REQUIRED SIGNATURE:	
Signature of a n	A Leun nember or an authorized representative of a member.
of this document	with section 608.408(3), Florida Statutes, the execution constitutes an affirmation under the penalties of perjury ted herein are true.)
Joseph Keima	n
	Typed or printed name of signee

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)