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(Requestor's Name)	
. (Address)	
(.	Address)	
	City/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
(1	Business Entity Name)	
. (1	Document Number)	
Certified Copies	Certificates of S	Status

Special Instructions to Filing Officer:

L. SELLERS

JUL =7 2010

EXAMINER

Office Use Only



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SECRETARY OF STATE

COVER LETTER

TO: Registration Division of C			
SUBJECT: First R		ed Liability Company	
The enclosed Articles	of Organization and fee(s) are	submitted for filing.	
Please return all corres	pondence concerning this mate	er to the following:	
Ben O'Grad	ly	Name of Person	
First Run M	edia		_
		Firm/Company	
135 South E	Brown Ave.		_
		Address	
Orlando FL			
	Cit	y/State and Zip Code	
benogrady@	hotmail.com		
	E-mail address: (to be used to	or future annual report notification)	
For further information	concerning this matter, please	e call:	
Ben O'Grady		at (407) 756-8116	
Name	of Person	Area Code & Daytime Telephone Number	
Enclosed is a check f	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 Status & Certified Copy (additional copy is enclosed)	
	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	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
First Run Media LLC. (Must end with the words "Limited Liability")	ty Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	ncipal office of the Limited Liability Company is
Principal Office Address:	Mailing Address:
135 South Brown Ave.	135 South Brown Ave.
Orlando FL 32801	Orlando FL 32801
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.) The name and the Florida street address of the registered	ered Agent. You must designate an individual or another
Ben O'Grady	
Name	
135 South Brown Ave.	
Florida street add	ress (P.O. Box NOT acceptable)
Orlando City Sta	<u>FL 32801</u> te, and Zip
Having been named as registered agent and to a	ccept service of process for the above stated limited is certificate, I hereby accept the appointment as

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

SECRETARY OF STATE

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

	nger Inaging Member	Name and Address:
MGR		Ben O'Grady 135 South Brown Ave. Orlando FL 32801
	<u></u>	· · · · · · · · · · · · · · · · · · ·
(Use attachment		data of Clina.
FICLE V: Effective	date, il other than the	date of filing: (OPTIONAL)
n effective date is li r 90 days after the d	isted, the date must be late of filing.)	e specific and cannot be more than five business days
FICLE V: Effective n effective date is lired of the description of the	isted, the date must be late of filing.)	e specific and cannot be more than five business days
n effective date is li r 90 days after the d	isted, the date must be late of filing.) IGNATURE: Signature of a member (In accordance with sec	or an authorized representative of a member. etion 608.408(3), Florida Statutes, the execution tutes an affirmation under the penalties of perjury

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