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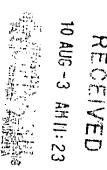
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| (City/State/Zip/Phone #) | |
| PICK-UP WAIT MAIL | |
| (Business Entity Name) | |
| (Document Number) | |
| Certified Copies Certificates of Status | |
| Special Instructions to Filing Officer: | |
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Office Use Only



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EXAMINER



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| ACCESS, | |
| INC. | P.O. B |

"When you need ACCESS to the world"

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236 East 6th Avenue . Tallahassee, Florida 32303

D. Box 37066 (32315-7066) (850) 222-2666 or (800) 969-1666 Fax (850) 222-1666

| | | 1.0.10.1 | 07000 (02010-7000) | (650) 222-2000 (| or (600) 909-1000 , Fax (6 | |
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| 1. | | CORPORATE NAME AND I | DOCUMENT#) | Publishin | g, LLC | |
| 2. | | (CORPORATE NAME AND I | DOCUMENT#) | | · | |
| 3. | | - AONNO 1 ANNO 1 | | | ·= · · · · · · · · · · · · · · · · · · | |
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| SPE | CIAI | LINSTRUCTIONS: | | | | |
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ARTICLES OF ORGANIZATION FOR ELORIDA LIMITED LIABILITY COMPANY

| any is: |
|---|
| |
| ed Liability Company, "L.L.C.," or "L.C.") |
| |
| f the principal office of the Limited Liability Company is: |
| Mailing Address: |
| 7717 Grundy St. |
| Pensacola, FL 32507 |
| |

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

| Corporation Service | e Company | |
|---------------------|------------------------|----------------------------|
| | Name | |
| 1201 Hays Street | | |
| Florida | street address (P.O. E | Box <u>NOT</u> acceptable) |
| Tallahassee | FL | 32301 |
| Ci | ty State and Zin | |

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 my position as registered agent as provided for in Chapter 608, F.S.

Lamont Wyones, Assistant VP

Registered Agent's Signature (REOUIRE)

(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: "MGR" = Manager "MGRM" = Manager | | Name and Address: | |
|--------|---|---|---|--------------------------------|
| | MGRM | - | James M. Halterman, Jr. 7717 Grundy St. Pensacola, FL 32507 | |
| | 4161 V. 161. | | | |
| , | | - | | |
| | 41 | | | |
| (If an | (Use attachment if a CLE V: Effective date is lister to days after the date | te, if other than the date, the date must be sp | e of filing: (ecific and cannot be more than five bu | OPTIONAL) siness days prior |
| | REQUIRED SIGN | aRen | an authorized representative of a member. | |
| | a | n accordance with section | 608.408(3), Florida Statutes, the execution s an affirmation under the penalties of perjury | |
| | | Amanda J. Beren, Org | • | |
| | - | Typed | or printed name of signee | |

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

5 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)