# L10000103861

•		
(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Business Entity Name)		
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to Filing Officer:		
		:

Office Use Only



100185375211

10/04/10--01016--007 \*\*160.00

EFFECTIVE DATE 10/1 2010

B. KOHR

**EXAMINER** 

DIVISION OF CORPORATIONS

10 OCT -4 PH 4: ES

## **COVER LETTER**

ŤO:	Registration Section	•	
	Division of Corporations	EFFECT	IVE DATE 14/1/2014
SUBJE	<sub>ст.</sub> Landfall Media Group, L	LC	\ \
00000	· ·	Liability Company	
			6
The encl	losed Articles of Organization and fee(s) are su	bmitted for filing.	5
Please re	eturn all correspondence concerning this matter	to the following:	COM
,	Ann Soarc		至 (
	Ann Sears	ame of Person	10 OCT - L PH W 65
	A C. a		0.
	Ann Sears, P.A.	irm/Company	
	·	тии сопран <u>у</u>	
_	6160 N. Davis Highway, Sui		
	·	Address	
P	ensacola, FL 32504		
-4	@/003 /28032 A	State and Zip Code  Tuture annual report notification)	
For furth	ner information concerning this matter, please c	all:	
$\Lambda$	Q	nr. 11~1	1.110
M	Name of Person	at ( 850) 4 16 Area Code & Daytime Telep	ohone Number
Enclose	d is a check for the following amount:		
\$125.00	Filing Fee \$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & 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 C	

Tallahassee, FL 32301

Tallahassee, FL 32314

# EFFECTIVE DATE\_\_

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COM

#### **ARTICLE I - Name:**

The name of the Limited Liability Company is:

Pensacola

# Landfall Media Group, LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

#### ARTICLE II - Address:

any is:

The mailing address and street address	of the principal office of the Limited Liability Comp
Principal Office Address:	Mailing Address:
3261 Bayou Boulevard	P.O. Box 30386
Pensacola, FL 32503	Pensacola, FL 32503
	egistered Office, & Registered Agent's Signature: own Registered Agent. You must designate an individual or another
The name and the Florida street addres	s of the registered agent are:
Ann Sears	
	Name
6160 N. Davis Hig	ghway, Suite 8
Florida	a street address (P.O. Box NOT acceptable)

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.,

City, State, and Zip

(CONTINUED)

### 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:
MGR	Douglas Osburn
MGRM	Ruthie Scott
MGRM	William Morrison
MGRM	John Scott
	ne date of filing: October 1, 2010 . (OPTIONAL) be specific and cannot be more than fixe business days prior
o or 90 days after the date of filing.) <u>REQUIRED</u> SIGNATURE:	
(In accordance with section 6 constitutes an affirmation und I am aware that any false info	ber or an authorized representative of a member.  08.408(3), Florida Statutes, the execution of this document der the penalties of perjury that the facts stated herein are true, ormation submitted in a document to the Department of State only as provided for in s.817.155, F.S.)
Douglas Osb	· · · · · · · · · · · · · · · · · · ·
	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)

### ADDITIONAL PAGE

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

Title:	Name and Address:
MGRM	Brian Osburn