# 10000L083

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(Do	cument Number)	
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**EXAMINER** 



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SECRETARY OF STATE ALLAHASSEE, FLORIDA

# **COVER LETTER**

Registration Section

TO:

Division of Corporations	
SUBJECT: HangShaper Me	edia, LLC
	me of Limited Liability Company
The enclosed Articles of Organization an	d fee(s) are submitted for filing.
Please return all correspondence concern	ing this matter to the following:
Andrew Latimer	
	Name of Person
HangShaper Media	ı, LLC
	Firm/Company
14375 Myer Lake C	ircle
<del></del>	Address
Clearwater, FL 33760	
	City/State and Zip Code
alatimer@bluewatermed	
E-mail address:	(to be used for future annual report notification)
For further information concerning this m	natter, please call:
Andrew Latimer	at ( 813 ) 944-2926
Name of Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following  \$\sqrt{125.00}\$ \text{ Filing Fee} \sqrt{130.00}\$ \text{ Filing Certificate o}	g Fee & \$155.00 Filing Fee & \$160.00 Filing Fee,
	(additional copy is enclosed)  Certified Copy (additional copy is enclosed)
Mailing Addre Registration Se Division of Co P.O. Box 6327 Tallahassee, Fl	Registration Section proproperations Clifton Building

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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ARTICLE I - Name:		
The name of the Limited Liability Company	y is:	
•		
HangShaper Media, LLC		
(Must end with the words "Limited I	Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address:		
The mailing address and street address of the	e principal office of the Limited Lia	bility Company is:
Principal Office Address:	Mailing Address:	
14375 Myer Lake Circle	14375 Myer Lake Circle	
Clearwater, FL 33760	Clearwater, FL 33760	
		<del></del>
ARTICLE III - Registered Agent, Registe	ered Office, & Registered Agent's	Signature:
(The Limited Liability Company cannot serve as its own F business entity with an active Florida registration.)		
The name and the Florida street address of t	he registered agent are:	10 SE TALL
Andrew Latimer		; (7)
N:	ame	OCT 12 CRETARY LAHASSEI
14375 Myer La	ke Circle	333 <b>2</b>
Florida stree	t address (P.O. Box NOT acceptable)	FS PR
Clearwater	<sub>FL</sub> 33760	I: 02
City	v. State, and Zin	<u>5</u> 7

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.

Registered Agent's Signature (REQUIRED)

(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:

timer r Lake Circle , FL 33760
r Lake Circle
, FL 33760
иггау
wood Court
a, MN 55305
. (OPTIONA annot be more than five business day
ic

Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

#### Andrew Latimer

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)