L10000128575

| (Requestor's Name) | | | |
|---|--|--|--|
| (Address) | | | |
| (Address) | | | |
| (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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10 DEC 14 AH 10: 41
SECREILARY OF STATE
FALLAHASSEE, FLORIDA

B. BOSTICK
DEC 1 6 2010

EXAMINER

COVER LETTER:

| | stration Section ion of Corporations | • | |
|---|---|--|---|
| SUBJECT: | Content 421, LLC | | |
| | | ted Liability Company | |
| The enclosed | Articles of Organization and fee(s) are | submitted for filing. | |
| Please return a | all correspondence concerning this man | tter to the following: | |
| Ava | l Wolf | | |
| <u></u> | <u> </u> | Name of Person | A |
| | | | |
| | | Firm/Company | |
| 421 | Lancers Drive | | |
| *************************************** | | Address | |
| Winte | er Springs, FL 32708 | | 10 DE |
| | | ty/State and Zip Code | C 14 |
| awte | rcel@hotmail.com | for future annual report notification) | |
| For forther inf | · | • | AH 10: 4 OF STATE E. FLORIE |
| ror further into | ormation concerning this matter, pleas | e can. | J: 4 1 TATE ORID |
| Ayal Wolf | | at (321 279-6917 | DE - |
| | Name of Person | Area Code & Daytime Telephone | Number |
| Enclosed is a | check for the following amount: | | |
| \$125.00 Filing | Fee \$130.00 Filing Fee & Certificate of Status | Certified Copy Cert (additional copy is enclosed) Cert | 0.00 Filing Fee, tificate of Status & tified Copy itional 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 | |

Tallahassee, FL 32301



ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Name: The name of the Limited Liability Company is | :: | |
|---|---|---|
| Content 421, LLC (Must end with the words "Limited Liab | ility Company 41 I C 2 or 41 I C 2) | |
| ARTICLE II - Address: The mailing address and street address of the p | | ability Company is |
| Principal Office Address: | Mailing Address: | |
| 421 Lancers Drive Winter Springs, FL 32708 | 421 Lancers Drive Winter Springs, FL 32708 | |
| ARTICLE III - Registered Agent, Registere (The Limited Liability Company cannot serve as its own Region business entity with an active Florida registration.) | | |
| The name and the Florida street address of the | registered agent are: | 10 SE(|
| Ayal Wolf | | PILED DEC 14 AM 10: 4 CORE 14 AM 10: 4 LAHASSEE, FLORI |
| Name | • | ASS |
| 421 Lancers Drive | | |
| Florida street ad | ldress (P.O. Box NOT acceptable) | |
| Winter Springs, City, S | FL 32708 tate, and Zip | AH 10: 41 OF STATE E. FLORIDA |
| / , - | · · · · · · · · · · · · · · · · · · · | • |

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)

| <u>Title:</u> "MGR" = Manager "MGRM" = Managing Member | Name and Address: |
|---|---|
| MGRM | Ayal Wolf 421 Lancers Drive Winter Springs, FL 32708 |
| | |
| | TAS ODE ARE |
| | C SSEC A |
| (Use attachment if necessary) | FLORID |
| CLE V: Effective date, if other than the effective date is listed, the date must be days after the date of filing.) | |
| REQUIRED SIGNATURE: | |
| ayul Signatura of a mark | L Owoff per or an authorized representative of a member. |
| (In accordance with section 60 constitutes an affirmation und | 08.408(3), Florida Statutes, the execution of this document ler the penalties of perjury that the facts stated herein are true. |

Filing Fees:

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

AYAL WOLF

\$ 5.00 Certificate of Status (Optional)

Typed or printed name of signee