# L11000024042

(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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## **COVER LETTER**

TO:	Registratio Division of	n Section Corporations			
SUBJI	<sub>ECT:</sub> You	r Social Voice LLC.			
Name of Limited Liability Company					
		,			
The en	closed Article	s of Organization and fee(s) are s	submitted for filing.	•	
Please	return all corr	espondence concerning this matte	er to the following:		
	Eli Ca	ntrell			
			Name of Person		
	Your So	ocial Voice LLC.			
			Firm/Company		
	9836 Ja	asmine Brook Circle			
			Address		
	Land O' l	_akes FL 34638			
		•	//State and Zip Code		
	YourSocia	alVoice@gmail.com	or future annual report notification)		
For fur	othar informati	on concerning this matter, please	·		
roi lui	thei informati	on concerning this matter, prease	Can.		
Eli Cantrell			at ( 813 ) 760-3966		
	Na	me of Person	Area Code & Daytime Tele	phone Number	
Enclos	sed is a checl	s for the following amount:			
\$125.00	O 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		

#### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE	I	- [	٧a	me	
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The name of the Limited Liability Company is:

### Your Social Voice LLC.

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

#### **ARTICLE II - Address:**

The mailing address and street address of the principal office of the Limited Liability Company is:

#### **Principal Office Address:**

**Mailing Address:** 

9836 Jasmine Brook Circle

Land O' Lakes FL 34638

9836 Jasmine Brook Circle Land O' Lakes FL 34638

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:

Eli Cantrell

Name

9836 Jasmine Brook Circle

Florida street address (P.O. Box NOT acceptable)

Land O' Lakes

ล 34638

City, State, and Zip

SECRETARY OF STATE SECRETARY OF STATE

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)

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

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

I ITIE:	Name and Address:
"MGR" = Manager "MGRM" = Managing Member	
MGR	Eli Cantrell
	9836 Jasmine Brook Circle
•	Land O' Lakes FL 34638
MGR	JAMES KEMP
	6020 PORTSPALE PL #701 RIVERVIEW FL 33578
****	<del></del>
(Use attachment if necessary)	
ARTICLE V: Effective date, if other than the	he date of filing: (OPTIONAL)
(If an effective date is listed, the date must	be specific and cannot be more than five business days prior
to or 90 days after the date of filing.)	
	± Zgg
REQUIRED SIGNATURE:	TE OPEN
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	A CREEK
Signature of a mem	ber or an authorized representative of a member.
-	<b>5</b> 32
(In accordance with section 6	608.408(3), Florida Statutes, the execution of this document der the penalties of perjury that the facts stated herein are true.
I am aware that any false info	formation submitted in a document to the Department of State only as provided for in s.817.155, F.S.)
Eli Controll	, ,

Ell Cantrell

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)