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(Requestor's Name)			
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SECRETARY OF STATE
ALLAHASSEE FIRMS

# **COVER LETTER**

10: Registration of Division of	on Section f Corporations		
SUBJECT, MV	Local Support, LLC.		
Subsect.		d Liability Company	······································
The enclosed Article	es of Organization and fee(s) are so	ubmitted for filing.	
Please return all corr	respondence concerning this matte	r to the following:	
Geoffre	ey L. Gurney		
		Name of Person	
		Firm/Company	
806 Ma	issachusetts Ave		
		Address	
Fort Wal	ton Beach, FL 32547	/State and Zip Code	
aeoff@ae	eoffgurney.com	State and Zip Code	
9-1	E-mail address: (to be used fo	r future annual report notification	)
For further informat	ion concerning this matter, please	call:	
Geoffrey L. G	urney	at ( 850 ) 621-547	5
Ne	ame of Person	Area Code & Daytime T	elephone Number
Enclosed is a chec	k 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 Addre Registration Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301	ons r Circle

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:				
My Local Support, 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:				

806 Massachusetts Ave	806 Massachusetts Ave	
Fort Walton Beach, FL 32547	Fort Walton Beach, FL 32547	
111111111111111111111111111111111111111		

Mailing Address:

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:

**ARTICLE I - Name:** 

Principal Office Address:

Geoffrey L. Gurney

Name

806 Massachusetts Ave

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

Fort Walton Beach

City, State, and Zip

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 (REQUIRE)

(CONTINUED)

Page 1 of 2

FILED 11 MAY -2 PM 2: 53 SECRETARY OF STATE

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

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

Title:	Name and Address:
"MGR" = Manager "MGRM" = Managing Membe	·
Widness Williaging Weiner	•
MGR	Geoffrey L. Gurney
	806 Massachusetts Ave
	Fort Walton Beach, FL 32547
**************************************	
(Use attachment if necessary)	
,	
ARTICLE V: Effective date, if other th	nan the date of filing:
	must be specific and cannot be more than five business days prior
to or 90 days after the date of filing.)	
<b>REQUIRED</b> SIGNATURE:	
11	
N.	Man Miller
Signature of	member or an authorized representative of a member.
• •	tion 608.408(3), Florida Statutes, the execution of this document
constitutes an affirmation	on under the penalties of perjury that the facts stated herein are true.
	se information submitted in a document to the Department of State ee felony as provided for in s.817.155, F.S.)

Geoffrey L. Gurney

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)