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(Requestor's Name)	_
(Address)	_
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	_
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EXAMINER

COVER LETTER

Registration Section

·TO:

Division of C	Corporations					
_{SUBJECT:} Aller	n Ellis Media, LL0			ľ		
	Name of Limited	Liability Compa	ıny			
The enclosed Articles	of Organization and fee(s) are su	bmitted for filing	3.			
Please return all corre	spondence concerning this matter	to the following	:			
Allen El						
	1	lame of Person				
Allen E	llis Media, LLC	·		م مرسم مرسود		
]	Firm/Company				
2725 L	ake Holden Ter			2.0	<u>_</u>	
		Address		1 (1) 21 (2)	I	
Orlando, F	L 32806			本名	Y -9	
		State and Zip Code		m _{er}		, (
allen@alle	enellis.com			S III	<u>ာ</u> မှ <u>မှာ</u>	1
	E-mail address: (to be used for	future annual repo	rt notification)	SEA.	N	•
For further informatio	n concerning this matter, please o	eall:		> T	-	
Allen Ellis		at (724	453-4673			
Nam	e of Person		& Daytime Telephone N	lumb e r		
Enclosed is a check	for the following amount:					
✓ \$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filin Certified Cop (additional copy	cy Certification	0.00 Filing Foificate of Statified Copy	us &	
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Registrati Division Clifton B 2661 Exc	ourier Address on Section of Corporations uilding cutive Center Circle ee, FL 32301			

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	ı
The name of the Limited Liability Company	is:
Allen Ellis Media, LLC	
(Must end with the words 'Limited Lie	ability 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:
2725 Lake Holden Ter	2725 Lake Holden Ter
Orlando, FL 32806	Orlando, FL 32806
	red Office, & Registered Agent's Signature: gistered Agent. You must designate an individual or another
The name and the Florida street address of the	
Allen Ellis	
Nan	

2725 Lake Holden Ter

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

Orlando

_{FL}32806

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 (REQUIRED)

(CONTINUED)

EFFECTIVE DATE 5/9/1

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:

The second of the second second second second

	Name and Address:
"MGR" = Manager "MGRM" = Managing Member	•
MGR	Allen Ellis
WOIL	2725 Lake Holden Ter
	Orlando FL 32806
	
	1
(Use attachment if necessary)	·
(Use attachment if necessary)	
CLE V: Effective date, if other than the	date of filing: 05/01/2011 (OPTIONAL)
CLE V: Effective date, if other than the effective date is listed, the date must b	date of filing: 05/01/2011 (OPTIONAL) e specific and cannot be more than five business days pro-
CLE V: Effective date, if other than the	e date of filing: 05/01/2011 . (OPTIONAL) te specific and cannot be more than five business days pr
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CLE V: Effective date, if other than the effective date is listed, the date must be do days after the date of filing.) REQUIRED SIGNATURE: Signature of a member (In accordance with section 608)	er or an authorized representative of a member 3.408(3), Florida Statutes, the execution of this document
CLE V: Effective date, if other than the effective date is listed, the date must be do days after the date of filing.) REQUIRED SIGNATURE: Signature of a member	er or an authorized representative of a member. 3.408(3), Florida Statutes, the execution of this document or the penalties of perjury that the facts stated hereinare true.
CLE V: Effective date, if other than the effective date is listed, the date must be do days after the date of filing.) REQUIRED SIGNATURE: Signature of a member	er or an authorized representative of a member. 3.408(3), Florida Statutes, the execution of this document or the penalties of perjury that the facts stated hereinare true mation submitted in a document to the Department of State
CLE V: Effective date, if other than the effective date is listed, the date must be do days after the date of filing.) REQUIRED SIGNATURE: Signature of a member	er or an authorized representative of a member. 3.408(3), Florida Statutes, the execution of this document or the penalties of perjury that the facts stated hereinare true.

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)