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SECRETARY OF STATE

J. BRYAN

MAY 24 2011

**EXAMINER** 

Registration Section Registration Section
Division of Corporations Division of Corporations
P.O. Box 6327 Clifton Building
Tallahassee, FL 32314 2661 Executive Center Circle

To whom it may concern,

Please find enclosed a limited liability registration form for the "The Town Mag," as well as a check for \$125.00.

Sincerely,

Eveline H. Mashinini Masondo

4581 Se Ontario Dr.

Stuart, Florida 34997/

PO Box 1145

Port Salerno, Florida 34992

772 221 9073



# **COVER LETTER**

TO:	Registration of	on Section f Corporations		
SUBJ	ECT: The	Town Mag L.L.C.		
		Name of Limit	ted Liability Company	
The er	nclosed Article	es of Organization and fee(s) are	submitted for filing.	
Please	return all cor	respondence concerning this mat	ter to the following:	
	Eveline	H. Mashinini Mas		## T
			Name of Person	語るこ
	The To	wn Mag		P.S. 23 [
		<u> </u>	Firm/Company	TAR OF STA
	PO Box	v 11 <i>1</i> 5		To u
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	Port Sale	erno, Florida 34992		· · · · · · · · · · · · · · · · · · ·
			y/State and Zip Code	
	thetownn	nag@mail.com	for future annual report notification)	
			•	
For fur	ther informat	ion concerning this matter, please	e call:	
Evel	ine H. Ma	shinini Masondo	at ( 772 ) 221 9073	
	Na	ime of Person	Area Code & Daytime Telep	hone Number
Enclos	sed is a chect	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, El. 32314	Street/Courier Address Registration Section Division of Corporations Clifton Building	ivole

Tallahassee, FL 32301

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

ARTICLE	I - Name:
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The name of the Limited Liability Company is:

# The Town Mag L.L.C.

(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 Con

Principal Office Ad	dress:	
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#### **Mailing Address:**

The Town Mag L.L.C. The Town Mag L.L.C. PO Box 1145 Port Salerno, Florida 4581 Se Ontario Dr Stuart, Florida 34997 Stuart, Florida 34992

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:

Eveline H. Mashinini Masondo

Name

4581 Se Ontario Dr

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

Stuart

 $_{FL}$  34997 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..

(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:

		200
MGRM	Eveline H. Mashinini Masondo	一篇美
	4581 Se Ontario Dr.	
	Stuart, FL 34997	<u>S</u>
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(Use attachment if necessary)		
LE V: Effective date, if other than the	he date of filing: be specific and cannot be more than five	(OPTIONAL)

**REQUIRED SIGNATURE:** 

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.)

#### Eveline H. Mashinini Masondo

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)