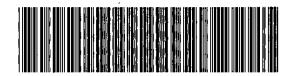
L11000074782

(Requestor's Name)
(Address)
(Address)
(Address)
(City/State/Zip/Phone #)
<u> </u>
PICK-UP WAIT MAIL
(Dusiness Entity News)
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
·
Special Instructions to Filing Officer:

Office Use Only



500209105975

06/27/11--01012--017 **130.00

SECRETARY OF STATE DIVISION OF CORPORATION

N. Cuttigen JUN 2 8 2011

COVER LETTER

TO: Registration Section Division of Corporations					
SUBJECT: Florida Publis	shing Group				
Name of Limited Liability Company					
The enclosed Articles of Organization	on and fee(s) are sub	omitted for filing	g.		
Please return all correspondence con	cerning this matter	to the following	; :		
Joseph Binder					
<u> </u>	Na	ame of Person			
Florida Publishir	g Group				
	Fi	rm/Company			
757 97th Ave. N					
		Address			
Naples, FI 34108					
	City/St	tate and Zip Code	;		
joe@livingwellmag.c	om dress: (to be used for f	ithire annual reno	notification)		
For further information concerning t	·	•	n notification)		
roi futulei fillottilation concerning t	ms mauer, picase ca	111,			
Joe Binder	a	239	325-9997		
Name of Person		Area Code	& Daytime Tele	phone Number	
Enclosed is a check for the follow	ing amount:				
	Filing Fee & ate of Status	\$155.00 Filin Certified Cop (additional copy	ру	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
P.O. Box	on Section of Corporations	Registration Division Clifton B 2661 Exe	ourier Address on Section of Corporations uilding ocutive Center Cee, FL 32301		

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Compar	ny is:
Florida Publishing Group L	LC d Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	the principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
757 97th Ave N Naples, FI 34108	757 97th Ave N Naples, FL 34108
ARTICLE III - Registered Agent, Regis (The Limited Liability Company cannot serve as its own business entity with an active Florida registration.)	stered Office, & Registered Agent's Signature: a Registered Agent. You must designate an individual or another
The name and the Florida street address of	The registered agent are: Name Name Neet address (P.O. Box NOT acceptable) 3/108
Joseph Binder	2 2 7 9
,	Name 2
757 97th Ave	Name N eet address (P.O. Box NOT acceptable) 3/109
Florida stre	eet address (P.O. Box NOT acceptable)
Naples	g 34108

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..

City, State, and Zip

Registered Agent's Signature (REQUIRED)

(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:

<u>Title:</u>	Name and Address:	
"MGR" = Manager		
"MGRM" = Managing Member		
MGR	Joseph Binder	
	757 97th Ave N	
	Naples, FL 34108	
		<u> </u>
	the state of the s	
		
		
	<u> </u>	
(Use attachment if necessary)		
(ose acaemient is necessary)		
ICLE V: Effective date, if other than the	e date of filing: (OPTION.	AL)
effective date is listed, the date must h	be specific and cannot be more than five-business da	
90 days after the date of filing.)	-	ب ∑ن
	Ş	
REQUIRED SIGNATURE:		Z ZE
	())	
	10 /5 V.	
Signature of a morph	er or an authorized representative of a member.	S SS
7/	· · · · · · · · · · · · · · · · · · ·	
(In accordance with section 60 constitutes an affirmation unde	8.408(3), Florida Statutes, the execution of this document er the penalties of perjury that the facts stated herein are true.	2
I am aware that any false infor	rmation submitted in a document to the Department of State	
	ny as provided for in s.817.155, F.S.)	
J0551	yped or printed name of signee	
T ,	yped 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)