44948000011

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

Office Use Only

G. MCLEOD

JUL 25 2011

EXAMINER



400210232764

07/22/11--01031--019 **130.00

TH JUL 22 PM 1:56

COVER LETTER

Division of Corporations
SUBJECT: Audio-Auswers Lil.C. Name of Limited Liability Company
The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
SAIBRA DOWDY Name of Person
AUDIO-ANSWERS
11420 U.S. Highway 1 Sinte 128
Morth Palm Beach, Florida 33408
SAIDLADO A.D.L. COM E-mail address: To be used for future annual report notification)
For further information concerning this matter, please call:
Saubra Dowdy at 804 744-3022 Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\sum_{\text{S130.00 Filing Fee}} \text{\$\sum_{\text{S155.00 Filing Fee}} & \$\sum_{\text{S160.00 Filing Fee}} \text{\$\text{Certified Copy} & Certificate of Status & Certified Copy (additional copy is enclosed)} \text{\$\text{Certified Copy} & (additional copy is enclosed)} \$\text{Certi
Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Audio-Answers, 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 Company is:	
Principal Office Address: Mailing Address:	
1420 U.S. Huy. 1 11420 U.S. Huy. 1 Suite 128	
Month Palm Beach, Florida north Palm Beach, Florida	ے د
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: 33408	5
(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:	
Sarbra Doudy Name	
11420 U.S. Highway 1 Sinte 128	
Florida street address (PO. Box NST acceptable)	

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)

Title: "MGR" = Manager	Name and Address:
"MGRM" = Managing Member	Sabra Double 13500 Heathbrook Du millattian, Da 23112
(Use attachment if necessary)	
	date of filing: $\frac{1-19-11}{1-19}$. (OPTIONAL) e specific and cannot be more than five business days prior
REQUIRED SIGNATURE:	
Signature of a member	er or an authorized representative of a member.
constitutes an affirmation unde I am aware that any false infor	3.408(3), Florida Statutes, the execution of this document r the penalties of perjury that the facts stated herein are true, nation submitted in a document to the Department of State y as provided for in s.817.155, F.S.)
SAIBR	Pped or printed name of signee
Filing Fees:	

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

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

\$125.00 Filing Fee for Articles of Organization and Designation

of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)