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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificate:	s of Status
Special Instructions to	Filing Officer:	
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SECRETARY OF STATE ALLAHASSEE, FLORIDA

## **COVER LETTER**

TO:

Registration Section
Division of Corporations

SI	BJECT: HARRIS MEDIA ADVISORS, LLC	
0.	Name of Limited Liability Company	
TI	e enclosed Articles of Organization and fee(s) are submitted for filing.	
Pl	ase return all correspondence concerning this matter to the following:	
	ROCHELLE G. HARRIS  Name of Person	_
	HARRIS MEDIA ADVISORS, LLC	_
	Firm/Company	
	6840 ASHTON STREET	
	Address	-
	BOYNTON BEACH, FL 33437	_
	City/State and Zip Code	
	RGHARRISPHD@GMAIL.COM  E-mail address: (to be used for future annual report notification)	_
Fo	further information concerning this matter, please call:	
R	OCHELLE G. HARRIS at (770 ) 617-4852	
•	Name of Person Area Code & Daytime Telephone Number	
Et	closed is a check for the following amount:	
\$12	1.00 Filing Fee \$\ \text{S130.00 Filing Fee & Certificate of Status}\$\$ \text{Certified Copy} (additional copy is enclosed)	J)
	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

<b>ART</b>	CI	Æ l	[ _ ]	Na	m	e:
$\alpha$			_ :			

The name of the Limited Liability Company is:

#### HARRIS MEDIA ADVISORS, 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:

Principal Office Address:	Mailing Address:
6840 ASHTON STREET	6840 ASHTON STREET
BOYNTON BEACH, FL 33437	BOYNTON BEACH, FL 33437

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:

City	State, and Zip
BOYNTON BEACH	FL33437
Florida street a	address (P.O. Box <u>NOT</u> acceptable)
6840 ASHTON STREET	-
Nan	ne
ROCHELLE G. HARRI	<u>S</u>

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)

Page 1 of 2

SECRETARY OF STATE

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

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

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGR	ROCHELLE G. HARRIS 6840 ASHTON STREET BOYNTON BEACH, FL 33437
(Use attachment if necessary)	
ARTICLE V: Effective date, if other than (If an effective date is listed, the date muto or 90 days after the date of filing.)	n the date of filing: (OPTIONAL) ust be specific and cannot be more than five business days prior
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.)

Rochelle G. Harris
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)