L11000144824

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to I	Filing Officer:	
,		

Office Use Only



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Effective Date 1-1-2012

12/28/11--01017--006 **130.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. SAULSBERRY EXAMINER

DEC 28 2011

COVER LETTER

TO:

Registration Section

Division of Cor	porations						
SUBJECT: Theshoo	tingchannelLLC		•				
School	Name of Limit	ed Liability Co	mpany		·······	-	
The enclosed Articles of	Organization and fee(s) are	submitted for f	iling.				
Please return all correspo	ondence concerning this matt	ter to the follow	/ing:				
jeff lymburner		N CD					
		Name of Person					
		Firm/Company					
1335 fallsme	ade ct				SE TALI	201	
		Address			CRET	DEC 27	T
oldsmar, fl, 34					^RΥ SSE		
ioffh mhurmor		y/State and Zip C	lode		OF S	AM 9	T
jemymburnere	@ventumedia.com E-mail address: (to be used f	or future annual	report notification)	일 록		_ (
For further information c	oncerning this matter, please		•	,	O _A	0	
jeff lymburner		at (813	505-979	9		_	
Name o	f Person	Area C	Code & Daytime T	elephone Numbe	er er		
Enclosed is a check for	the following amount:						
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	Certified	iling Fee & Copy copy is enclosed)	\$160.00 l Certificat Certified (additional	te of Sta Copy	itus &	ı
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Regist Divisi Clifto 2661	t/Courier Addrestration Section ion of Corporation Building Executive Centernassee, FL 32301	ons er Circle			

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:		
The name of the Limited Liability Comp	pany is:	
Theshootingchannel LLC		
(Must end with the words "Lim	ited Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address of	of the principal office of the Limited I	Liability Company is:
Principal Office Address:	Mailing Address:	
1335 fallsmeade ct		
oldsmar, FL, 34677	1335 fallsmeade ct	
	oldsmar, fl, 34677	
business entity with an active Florida registration.) The name and the Florida street address jeff lymburner 1335 fallsmeade ct	Name	FILED 2011 DEC 27 AM 8: 51 SECRETARY OF STATE FALLAHASSEE. FLORIDA
Florida	street address (P.O. Box <u>NOT</u> acceptable)	SE œ O
oldsmar	FL34677	IDA 10A
	City, State, and Zip	
registered agent and agree to act in this statutes relating to the proper and com accept the obligations of my position	ated in this certificate, I hereby accept capacity. I further agree to comply wi	the appointment as ith the provisions of all am familiar with and

(CONTINUED)

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

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

"MGRM" = Managing Member		
mgrm	jeff lymburner	
	1335 fallsmeade ct	
	oldsmar, fl, 34677	
mgrm	michele rahal	
	2803 w san isidro, A	
	tampa,fl, 33629	
mgrm	mediavalue inc	SE TALL
<u> </u>	1335 fallsmeade ct	' (2) -
	saint petersburg,fl, 33731	A H C
		SSI SSI
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		% <u>₹</u>
	24	<u>6</u> 2
(Use attachment if necessary)	01/01/2012	
	01/01/2012	
LE V: Effective date, if other than the	ne date of filing: 12/40/2011	(OPTION

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.)

Seff Lymburner
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)