L12000034881

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

Office Use Only

EFFECTIVE DATE 03/05/12



900223768359

03/09/12--01026--028 **160.00

D. BRUCE

MAR 1 2 2012

EXAMINER

COVER LETTER

	on Section f Corporations		
SUBJECT: ITE	CH SOUND MEDIA	, LLC	
Sebacer.		d Liability Company	
773		1 20 10 00	
	les of Organization and fee(s) are s	· ·	
Please return all con	rrespondence concerning this matte	er to the following:	
<u>GARY</u>	BOYER		<u>-</u>
		Name of Person	
ITECH	SOUND MEDIA, LI	_C	
		Firm/Company	
305 NE	E 2ND DRIVE		
		Address	
HOMES	TEAD, FL 33030		
		/State and Zip Code	
BOYER	GARY@LIVE.COM	or future annual report notification)	
For further informe		•	•
ror turtner informa	tion concerning this matter, please	can;	
GARY BOYE		at (305) 764-6077	.
N	ame of Person	Area Code & Daytime Telep	phone Number
Enclosed is a chec	ck 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, FL 32314	Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center C Tallahassee, FL 32301	ircle

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

ITECH SOUND MEDIA, 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:
305 NE 2ND DRIVE	305 NE 2ND DRIVE
HOMESTEAD, FL 33030	HOMESTEAD, FL 33030

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:

GARY BOYER		
	Name	
26216 SW	135TH AVENUE	
Florida street address (P.O. Box NOT acceptable)		
HOMESTEAD	_{FL} 33032	
	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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

EFFECTIVE DATE 03/05/12

ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows:

Title:	Name and Address:
"MGR" = Manager "MGRM" = Managing Member	
MORW — Managing Member	
MGRM	GARY BOYER
	26216 SW 135TH AVENUE
	HOMESTEAD, FL 33032
MGRM	MACKLINE D BOYER
	26216 SW 135TH AVENUE
	HOMESTEAD, FL 33032
	
(I Inc. office also and if a consequence)	
(Use attachment if necessary)	
ICLE V. Effective date if other than th	te date of filing: 03/05/2012 (OPTIONAL)
	be specific and cannot be more than five business days prior
90 days after the date of filing.)	process was consisted and cons
•	
	·
<u>REQUIRED</u> SIGNATURE:	
D	
MIMINI	Annu E

(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.)

GARY BOYER

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)