## 4/2000064160

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:  A. LUNT  MAY 11 2011  EXAMINER

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## **COVER LETTER**

TO:	Registration Division of C						
SUBJI	<sub>ECT:</sub> Safar	i Marketing Servi	ces, LLC	<b>;</b>			
		Name of Limit					
The en	nclosed Articles	of Organization and fee(s) are	submitted for	filing.			
Please	return all corres	pondence concerning this mat	ter to the follo	wing:			
	John Ma	rtins					
			Name of Perso	n			_
	Safari Ma	arketing Services	, LLC				
			Firm/Company	у		THE PARTY	_
	55 Fresh	water Drive				15.55	
			Address		·	mo :	— i.
	Palm Harb	or, FL 34684				E E E E E	2
			y/State and Zip	Code		Địn V	<u>e</u> v
,	jonnsmartir	Is@aol.com  E-mail address: (to be used)	for future annual	report notificatio	n)		
For fur	rther information	concerning this matter, please	e call:				
John	Martins		_at ( 727	, 434-08	40		
	Name	of Person		Code & Daytime	Telephone Numb	er	
Enclos	sed is a check f	or the following amount:					
	_	\$130.00 Filing Fee & Certificate of Status	Certified	Filing Fee & Copy copy is enclosed)	Certifica Certified	Filing Fee, te of Status & I Copy I copy is enclosed	
		Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Regis Divis Clifto 2661	et/Courier Addr stration Section sion of Corporat on Building Executive Cent shassee, FL 3230	ions er Circle		

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

<b>ARTICLE I - Name:</b> The name of the Limited Liability Company is	
The name of the Emilied Blacking Company is	•
Safari Marketing Services, LL	C
(Must end with the words "Limited Liabi	lity Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	
The mailing address and street address of the p	rincipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
55 Freshwater Drive	55 Freshwater Drive
Pam Harbor, FL 34684	Palm Harbor, FL 34684
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registusiness entity with an active Florida registration.)	d Office, & Registered Agent's Signature: stered Agent. You must designate an individual or another
The name and the Florida street address of the	registered agent are:
Michael J. Presutti	ALL MAY
Name	An H
26 E. Broadway	Street
Florida street ad	dress (P.O. Box <u>NOT</u> acceptable)
Oviedo	FL 32765
City, St	ate, and Zip
77 1 1 1 1 1 1	

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)

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

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

MGR	John Scott Martins	THE MAN
	55 Freshwater Drive	3 (F)
(	Palm Harbor, FL 34684	633
		Figure
		32
	<del></del>	<del>\tau</del>
(1) 1 10		
(Use attachment if necessary)		
IF V. Effective data if other than the	ne date of filing:	(OPTIONIA)
Yestive date is listed the data worth	be specific and cannot be more than f	(OF HONA)

<u>REQUIRED</u> 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.)

John Scott Marlins
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)