

L120VV691875

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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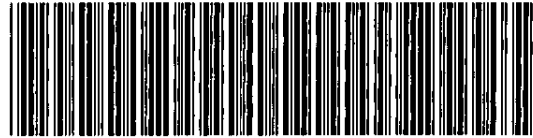
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AUG 23 2012

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
12 AUG 20 AM 8:37



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 27, 2012

NANCY R. MURPHY  
4190 LOOKING GLASS LANE, APT. 1  
NAPLES, FL 34112

SUBJECT: NEW MEMORIES ONLINE VENTURES, LLC  
Ref. Number: W12000039709

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Please note that the attached documents were received with NO PAYMENT and that NO PAYMENT has been retained.

Please resubmit your filing with a check for at least \$125.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Buck Kohr  
Regulatory Specialist II

Letter Number: 312A00019791

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: New Memories Online Ventures, LLC  
Name of Limited Liability Company

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DIVISION OF CORPORATIONS  
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The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Nancy R. Murphy

Name of Person

New Memories Online Ventures, LLC

Firm/Company

4190 Looking Glass Lane Apt 1

Address

Naples, FL 34112

City/State and Zip Code

nancymurphy4713@comcast.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Nancy R. Murphy

Name of Person

at ( 239 )

919 2094

Area Code & Daytime Telephone Number

Enclosed is a check 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 Circle  
Tallahassee, FL 32301

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

New Memories Online Ventures, LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

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**ARTICLE II - Address:**

The mailing address and street address of the principal office of the Limited Liability Company is:

**Principal Office Address:**

4190 Looking Glass Lane Apt 1  
Naples, FL 34112

**Mailing Address:**

4190 Looking Glass Lane Apt 1  
Naples, FL 34112

**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:

Nancy R. Murphy

Name

4190 Looking Glass Lane Apt 1

Florida street address (P.O. Box **NOT** acceptable)

Naples FL 34112

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..*

Nancy R. Murphy  
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:

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGRM

Nancy R. Murphy

4190 Looking Glass Lane Apt 1

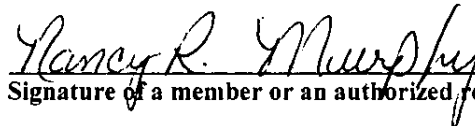
Naples, FL 34112

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**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.)

Nancy R. Murphy

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)**