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J. BRYAN
OCT 1 5 2012
EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations	. *
SUBJECT: TMD Publications, LLC	
	Liability Company
The enclosed Articles of Organization and fee(s) are su	bmitted for filing.
Please return all correspondence concerning this matter	to the following: Jame of Person Pirm/Company
Terry Davis	
	lame of Person
TMD Publications, LLC	· · · · · · · · · · · · · · · · · · ·
H	Firm/Company
1285 S.W. Cynthia Street	
	Address
Port St. Lucie, Florida 34983	
	State and Zip Code
TMDPublications@gmail.com	future annual report notification)
For further information concerning this matter, please of	
Terry Davis	at (772) 344-2852
Name of Person	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 & \$160.00 Filing Fee, Certified Copy (additional copy is enclosed) 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:

TMD Publications, 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

Duinging LOCC as Addison.	7
Principal Office Address:	Mailing Address:
1285 SW Cynthia Street	1285 SW Cynthia Street
Port St. Lucie, Florida	Port St. Lucie, Florida
34983	34983
	Registered Agent. You must designate an individual or another Effective Date 11/01/12 the registered agent are:
Terry Davis	
N	lame
1285 SW Cynt	hia Street
Florida stree	et address (P.O. Box NOT acceptable)
Port St. Lucie	_{FL} 34983
Cit	tv. State, and Zin

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	Terry Davis
	1285 SW Cynthia Street
	Port St. Lucie, Florida 34983
	· · · · · · · · · · · · · · · · · · ·

REQUIRED SIGNATURE:

to or 90 days after the date of filing.)

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.)

Terry Davis

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)