L12000137362

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(Ad	ldress)	
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(Cli	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Name	e)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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W12-45	812	

Office Use Only



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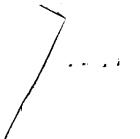
SECKLIARY OF STATE TALLARIASSEE, FLORIDA

APPROVED AND FILED

D. BRUCE

OCT 29 2012

EXAMPLE





FLORIDA DEPARTMENT OF STATE Division of Corporations

September 5, 2012

MICHAEL PEREZ POB 2852 LAND O'LAKES, FL 34639

SUBJECT: WALKER MEDIA COMPANY LLC

Ref. Number: W12000045812

We have received your document for WALKER MEDIA COMPANY LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to section 608.409(2), F.S., the effective date must be specific, cannot be more than five business days prior to the date of filing or more than 90 days after the date of filing. Our office received your document on September 4, 2012. Please amend your document accordingly.

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.

Deborah Bruce Regulatory Specialist II

Letter Number: 112A00022427

SECRETARY OF STATE

COVER LETTER

	on Section f Corporations		
_{subject:} Wa	lker Media Compan	y LLC	
	Name of Limit	ed Liability Company	_
The enclosed Artic	les of Organization and fee(s) are	submitted for filing.	
Please return all co	rrespondence concerning this matt	er to the following:	
Michae	el Perez		
- 		Name of Person	
		Firm/Company	
POB 2	852		
		Address	
Land O	Lakes, FL 34639		<u>F</u> S
min@ha	·	y/State and Zip Code	- SE
uilb@no	ghuntingstrategies.com E-mail address: (to be used f	or future annual report notification)	S 25
For further informa	tion concerning this matter, please	call:	14.03.35 10.7.33
Michael Pere		at (813) 966-0668	
N	ame of Person	Area Code & Daytime Telephone Number	5
Enclosed is a chec	k for the following amount:		
]\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & \$160.00 Filing Certified Copy (additional copy is enclosed) Certified Copy (additional copy is	atus &
	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	1 -	N	a	me	,
771	C .1.		т		

The name of the Limited Liability Company is:

Transci Modia Company EEC	Walker	Media	Company	LI	LC
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(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:	Maning Adoress:
21428 Morning Mist Way	POB 2852
and O Lakes	Land O Lakes
Florida 34637	Florida 34639

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:

Michael J Perez

21428 Morning Mist Way

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

Land O Lakes _{FL} 34637

City State and Zir

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.

(CONTINUED)

Page 1 of 2

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

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

"MGR" = Manager	Name and Address:
"MGRM" = Managing Member	
MGR	Kelly A. Perez
	21428 Morning Mist Way Land O Lakes, FL 34637
	Land O Lakes, FL 34637
	
	
(Use attachment if necessary)	
() /	
•	on the date of filing: 11/01/2012 (OPTIONAL)
ARTICLE V: Effective date, if other that (If an effective date is listed, the date in	un the date of filing: 11/01/2012 (OPTIONAL) ust be specific and cannot be more than five business days prior
ARTICLE V: Effective date, if other that (If an effective date is listed, the date in	
ARTICLE V: Effective date, if other that (If an effective date is listed, the date in to or 90 days after the date of filing.)	
ARTICLE V: Effective date, if other that (If an effective date is listed, the date in	
ARTICLE V: Effective date, if other that (If an effective date is listed, the date in to or 90 days after the date of filing.)	ust be specific and cannot be more than five business days prior
ARTICLE V: Effective date, if other that (If an effective date is listed, the date in to or 90 days after the date of filing.) REQUIRED SIGNATURE:	ust be specific and cannot be more than five business days prior
ARTICLE V: Effective date, if other that (If an effective date is listed, the date m to or 90 days after the date of filing.) REQUIRED SIGNATURE: Signature of a m (In accordance with section	nember or an authorized representative of a member. on 608.408(3), Florida Statutes, the execution of this document
ARTICLE V: Effective date, if other that (If an effective date is listed, the date m to or 90 days after the date of filing.) REQUIRED SIGNATURE: Signature of a m (In accordance with section constitutes an affirmation I am aware that any false	nember or an authorized representative of a member. on 608.408(3), Florida Statutes, the execution of this document in under the penalties of perjury that the facts stated herein are true?
ARTICLE V: Effective date, if other that (If an effective date is listed, the date m to or 90 days after the date of filing.) REQUIRED SIGNATURE: Signature of a m (In accordance with section constitutes an affirmation I am aware that any false	on 608.408(3), Florida Statutes, the execution of this document of State of perjury that the facts stated herein are true.

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)