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SECRETARY OF STATE
ALLAMASSEE, FLORIDA

Joh 1/8/13 (850) 245-6051.

# **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: HOUSON Pu Name	blishing LLC e of Limited Liability Company
The enclosed Articles of Organization and f	fee(s) are submitted for filing.
Please return all correspondence concerning	g this matter to the following:
Mandie	Name of Person
Hayson	Publishing Firm/Company
20 Fe	Address 7
Palm C	City/State and Zip Code
E-mail address: (1	or or other annual report notification)
For further information concerning this mat	ter, please call:
Name of Person	at ( 904) 347-60219  Area Code & Daytime Telephone Number
Enclosed is a check for the following ar	
□\$125.00 Filing Fee S130.00 Filing Certificate of	g Fee & \$\subseteq\$\$\$155.00 Filing Fee & \$\subseteq\$\$\$\$\$\$160.00 Filing Fee, \$\$\$\$\$\$\$\$\$\$Certified Copy (additional copy is enclosed)\$
Mailing Address Registration Sect Division of Corp	tion Registration Section

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 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:			
(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:		
20 Felwood In Poilm Coost, FI 32137	20 Felwood by Palm Coest, Fl 32137		
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 resonant Mandie St. Name	gistered agent are:		
Formation of the street address of the coast	ess (P.O. Box NOT acceptable)  FL 32/37  e, 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)

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## 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:
MGR	Mandie Stevens 20 Felhood In Poum Coast, 7e 32137
Mor	Tandra Kardle 907 West 20th St Santord, FL 32771
(Use attachment if necessary)	
LF V. Effective date if other than the	e date of filing: $\mathcal{D}(0.28.2012)$ (OPTIONAL)

## **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.)

Mandie M Stevens
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)