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JAN 1 1 2013 T. HAMPTON (850) 245-6051.

### **COVER LETTER**

TO: Registration Section **Division of Corporations** Internet Marketing Media, Ilc Name of Limited Liability Company The enclosed Articles of Organization and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: **Scott Saunders** Name of Person Internet Marketing Media Firm/Company 390 NE 51 Court Address Ft Lauderdale, FL 33334 City/State and Zip Code scott@internetmarketing-media.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Julie Hernandez Name of Person Area Code & Daytime Telephone Number Enclosed is a check for the following amount: □\$125.00 Filing Fee □\$130.00 Filing Fee & ■\$155.00 Filing Fee & □ \$160.00 Filing Fee, Certificate of Status Certificate of Status & Certified Copy (additional copy is enclosed) Certified Copy

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

(additional copy is enclosed)

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

BISCHEST MEDICAL	internet Markating Madia LLC			
		ited Liability Company, "L.L.C.," or "L.L.C.")		
ARTICLE II -	. A dalmages			
<del>-</del>		Mailing Address:  Mailing Address:  390 NE 51 Ct  Ft Lauderdaie, Ft. 33334  Stered Agent, Registered Office, & Registered Agent's Signature: may cannot sorve as its own Registered Agent. You must designate an individual or another		
<u>Principal Offi</u>	<u>ce Address:</u>	Mailing Address:		
390 NE 51 Ct		390 NE 51 Ct		
Ft Lauderdale, FL	33334	Ft Lauderdale, FL 33334		
	ny Company casmot serve as us o h an active Florida registration.)			
The name and	the Florida street address	of the registered agent are:		
	Sendi Saunders	Name		
		· water		
	390 NE 51 Ct			
	Plorida	street address (P.O. Box NOT acceptable)		
		33334 <sub>EL</sub>		
	Plorida	<del></del> ,		
Havine been n	Plorida Ft Lauderdale, FL	33334 FL City, State, and Zip		
	Ft Lauderdale, FL	33334 FL City, State, and Zip t and to accept service of process for the above stated limited		
liability con	Ft Lauderdale, FL  amed as registered agent inpany at the place design	33334 FL City, State, and Zip		
liability con registered ag all statutes r	Ft Lauderdale, FL  amed as registered agent inpany at the place design ent and agree to act in the elating to the proper and	33334 FL City, State, and Zip  t and to accept service of process for the above stated limited nated in this certificate, I hereby accept the appointment as als capacity. I further agree to comply with the provisions of a complete performance of my duties, and I am familiar with		
liability con registered ag all statutes r	Ft Lauderdale, FL  amed as registered agent inpany at the place design ent and agree to act in the elating to the proper and	33334 FL City, State, and Zip  t and to accept service of process for the above stated limited nated in this certificate, I hereby accept the appointment as also capacity. I further agree to comply with the provisions of		
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(CONTINUED)

Registered Agent's Signature (REQUIRED)

Page 1 of 2

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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:

MGR	Scott Saunders	
	390 NE 51 Ct	
	Ft Lauderdale, FL 33334	
MGR	Julie Hernandez	
	390 NE 51 Ct	
	Ft Lauderdale, FL 33334	
<del>-</del>		
•		
(Use attachment if necessary)		
FV. Effective date if other than	the date of filing:	(OPTION A

# **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.)

SON SAUNDERS Julie Hernandez
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)

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