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SECRETARY OF STATE
DIVISION OF CORPORATIONS

C. LEWIS

JAN 2 9 2013

EXAMINER

## **COVER LETTER**

TO:	Registration Section Division of Corporations	
SUBJE	<sub>CT:</sub> Standard Mic, llc	
oc both.		ited Liability Company
The enc	losed Articles of Organization and fee(s) ar	e submitted for filing.
Please r	eturn all correspondence concerning this ma	atter to the following:
I	Dan Keen	
		Name of Person
	Northwest Registered Ag	ent LLC
		Firm/Company
	3030 N. Rocky Point Dr. S	STE 150A
<del>-</del>		Address
Т	ampa, FL 33607	•
_	<u> </u>	ity/State and Zip Code
_	E-mail address: (to be used	for future annual report notification)
For furtl	her information concerning this matter, plea	,
	-	<b></b>
Dan k	Name of Person	at ( 509 ) 768 - 2249  Area Code & Daytime Telephone Number
	Name of Person	Area code & Baytime reseptione Number
Enclose	ed is a check for the following amount:	
\$125.00	Filing Fee \$\int \\$130.00 \text{ Filing Fee & Certificate of Status}	S155.00 Filing Fee & S160.00 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

$\Delta R$	ri <i>c</i> i	.₽I	- Na	me

The name of the Limited Liability Company is:

# Standard Mic, Ilc

(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:**

Standard Mic, Ilc

3030 N. Rocky Point Dr. STE 150A

Tampa, FL 33607

Standard Mic, Ilc

3030 N. Rocky Point Dr. STE 150A

Tampa, FL 33607

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:

Northwest Registered Agent LLC

Name

3030 N. Rocky Point Dr. STE 150A

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

Tampa

<sub>FL</sub> 33607

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.

Dan Keen-Manager

Registered Agent's Signature (REQUIRED)

(CONTINUED)

DIVISION OF CORPORATIONS
2013 JAN 28 PM 1: 04

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

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

Title:	Name and Address:
"MGR" = Manager "MGRM" = Managing Member	
MGR	Cynthia A. Munk
MGRM	Phillip A. Moxley Jr.
•	
•	
(Use attachment if necessary)	
LE V: Effective date, if other the	an the date of filing: (OPTIONAL
LE V: Effective date, if other the	an the date of filing: (OPTIONAL nust be specific and cannot be more than five business days
LE V: Effective date, if other the ffective date is listed, the date in	
CLE V: Effective date, if other the ffective date is listed, the date in	
LE V: Effective date, if other the ffective date is listed, the date me days after the date of filing.)  REQUIRED SIGNATURE:	oust be specific and cannot be more than five business days
CLE V: Effective date, if other the ffective date is listed, the date me days after the date of filing.)  REQUIRED SIGNATURE:	oust be specific and cannot be more than five business days
CLE V: Effective date, if other the ffective date is listed, the date median days after the date of filing.)  REQUIRED SIGNATURE:  Signature of a reconstitutes an affirmation	nember or an authorized representative of a member.  on 608.408(3), Florida Statutes, the execution of this document nunder the penalties of perjury that the facts stated herein are true.
CLE V: Effective date, if other the ffective date is listed, the date medians after the date of filing.)  REQUIRED SIGNATURE:  Signature of a reconstitutes an affirmation I am aware that any false constitutes a third degree	nust be specific and cannot be more than five business days  The Communication of a member.

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)