

#L13000112677

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

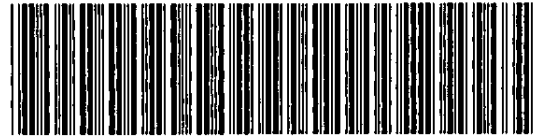
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200250218492

EFFECTIVE DATE
7-29-2013

08/02/13--01025--005 **160.00

FILED
13 AUG -2 AM 11:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY
EXAMINER

AUG - 9 2013

Mark Turner
Turner Media Strategies, LLC
10016 Brompton Drive, Suite 106
Tampa, FL 33626

July 29, 2013

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

To Whom It May Concern:

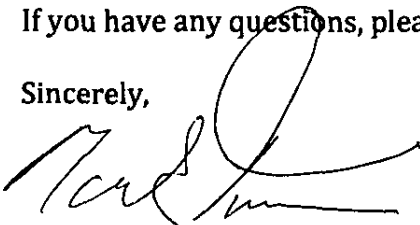
This is the cover letter you requested as part of filing my Articles of Organization for the establishment of a new company called **Turner Media Strategies, LLC.**

As requested, I have included (2) signed copies of the Articles of Organization, **a check in the amount of \$160.** made out to the Florida Department of Corporations, as well as the name, address and daytime telephone number have been submitted. The details of my contact information are:

Mark Turner
President/Owner
Turner Media Strategies, LLC
10016 Brompton Drive, Suite 106
Tampa, FL 33626
954-894-7503
EM: **turner4998@att.net**

If you have any questions, please don't hesitate to give me a call.

Sincerely,

A handwritten signature in black ink, appearing to read 'Mark Turner', written over a horizontal line.

Mark Turner
President/CEO

(850) 245-6051.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Turner Media Strategies, LLC
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:

Mark Turner

Name of Person

Turner Media Strategies, LLC

Firm/Company

10016 Brompton Drive, Suite 106

Address

Tampa, FL 33626

City/State and Zip Code

turner4998@att.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Mark Turner

Name of Person

at (954) 894-7503

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 &
Certified Copy
(additional copy is enclosed)

☒ \$160.00 Filing Fee,
Certificate of Status &
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:

EFFECTIVE DATE
7-29-2013

Turner Media Strategies, 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:

Principal Office Address:

Mailing Address:

10016 Brompton Drive, Suite 106
Tampa, FL 33626

10016 Brompton Drive, Suite 106
Tampa, FL 33626

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:

Mark Turner

Name

10016 Brompton Drive, Suite 106

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

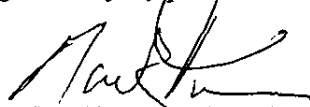
Tampa, FL 33626

FL

City, State, and Zip

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TALLAHASSEE, FLORIDA

Having been named as registered agent and to accept service of process for the abovestated 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:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

Mark Turner

10016 Brompton Drive, Suite 106

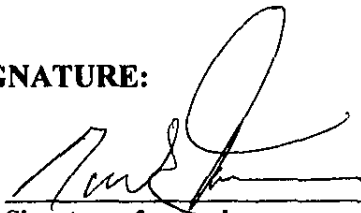
Tampa, FL 33626

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 7/29/13. (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

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.)

MARK TURNER

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)