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| Certified Copies | _ Certificates | s of Status | | |
| Special Instructions to Filing Officer: | | | | |
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Office Use Only



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COVER LETTER

TO:

Registration Section
Division of Corporations

SUBJECT. Luzio Media, 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:

Jennifer L Hoppe Name of Person Luzio Media, LLC. Firm/Company 12367 NE 51st Terrace Address Oxford, Florida 34484 City/State and Zip Code JENNIFERLUZIO@GMAIL.COM E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jennifer L Hoppe
Name of Person

at (352) 445-3367
Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

■\$125.00 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: Luzio Media, 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:** 12367 NE 51st Terrace 12367 NE 51st Terrace Oxford, Florida 34484 Oxford, Florida 34484 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: Penny A Hoppe Name

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.

City, State, and Zip

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

Registered Agent's Signature (REQUIRED)

959 Talapia Loop

The Villages, Florida 32162,

(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:

| <u>Title:</u> | | Name and Address: | |
|------------------------|----------------------------------|---|-----------------|
| "MGR" = Ma | | <u> </u> | |
| "MGRM" = N | Managing Member | • | |
| MGRM | | Jennifer L Hoppe | I |
| | | 12367 NE 51st Terrace | |
| | | Oxford, Florida 34484 | 23 % T1 |
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| (Use attachme | ent if necessary) | | |
| ARTICLE V: Effecti | ve date. if other than the | date of filing: 9/13/2013 | . (OPTIONAL) |
| | | be specific and cannot be more | ` |
| prior to or 90 days af | | - | · |
| | | | |
| DECHIDED | SIGNATURĘ: | | |
| REQUIRED | SIGNATURE. | | |
| | | (1) | |
| | _ (Shrift | 1 Dyn | |
| | Signature of a member | r or an authorized representative of a | member. |
| (In | accordance with section 608. | .408(3), Florida Statutes, the execution of | f this document |
| | | the penalties of perjury that the facts state ation submitted in a document to the Dep | |
| | | as provided for in s.817.155, F.S.) | |
| | istitutes a tilifu degree relony | as provided for in s.o. 7.155, 1.5.) | |
| | Jennifer L Hoppe | as provided for 11 3.61 7.133, 1 .3.7 | |

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)