

L130000132580

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

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2013 SEP 18 AM 8:07
STATE OF CALIF
CLERK OF SUPERIOR COURT
SANTA ANA COUNTY

J. SAULSBERRY
EXAMINER
SEP 19 2013

(850) 245-6051.

COVER LETTER

**TO: Registration Section
Division of Corporations**

HBP Media LLC

SUBJECT: _____
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:

A. Platon Alexandrakis

| | |
|---------------------------|--|
| _____ | Name of Person |
| _____ | Firm/Company |
| 2901 S. Bayshore Drive 9H | Address |
| Miami, FL 33133 | City/State and Zip Code |
| _____ | City/State and Zip Code |
| apalexandrakis@mac.com | E-mail address: (to be used for future annual report notification) |

2013 SEP 18 AM 8:07
STATE OF FLORIDA
DIVISION OF CORPORATIONS

4-11-13

For further information concerning this matter, please call:

APAlexandrakis@mac.com **305** **5860931**
_____ at (_____) _____
Name of Person 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:

HBP 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:

5831 Ponce De Leon Blvd

5831 Ponce De Leon Blvd

Coral Gables, FL 33146

Coral Gables, FL 33146

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:

A. Platon Alexandrakis

Name

2901 S Bayshore Drive

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

Miami, FL 33133

FL

City, State, and Zip

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MARTIN COUNTY CLERK

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)

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

Harry Rothwell
5831 Ponce De Leon Blvd
Coral Gables, FL 33146

MGRM

Brian London
4710 SW 165th Avenue
Miramar, FL 33027

MGRM

Platon Alexandrakis
2901 S Bayshore Dr 9H
Miami, FL 33133

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ . (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.)

Platon Alexandrakis

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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 FILED
 DEPARTMENT OF STATE
 ASST. SEC. OF STATE
 TALLAHASSEE, FLORIDA