

L130000172338

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

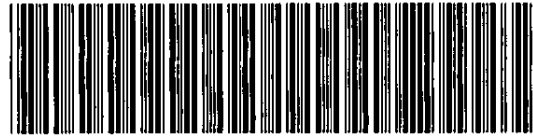
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



600253939626

EFFECTIVE DATE

11/14/13

12/02/13--01043--026 \*\*160.00

FILED  
2013 DEC 13 PM 12:05  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

N. Ouligan DEC 3 - 2013

(850) 245-6051.

## COVER-LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: E3Publishing, 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:

**Kim Maguire**

Name of Person

**E3Publishing, LLC**

Firm/Company

**135 Island Estates Parkway**

Address

**Palm Coast, FL, 32137**

City/State and Zip Code

**mkim1505@aol.com**

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

For further information concerning this matter, please call:

**Kim Maguire**

Name of Person

at ( **484** ) **883 9018**

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

December 3, 2013

KIM MAGUIRE  
135 ISLAND ESTATES PARKWAY  
PALM COAST, FL 32137

SUBJECT: E3PUBLISHING LLC135 ISLAND ESTATES PARKWAY  
Ref. Number: W13000066120

We have received your document for E3PUBLISHING LLC135 ISLAND ESTATES PARKWAY and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The LLC suffix has to be at the end of the name.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Neysa Culligan  
Regulatory Specialist II

Letter Number: 513A00027561

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

E3Publishing, 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:

135 Island Estates Parkway

Palm Coast, FL., 32137

### Mailing Address:

135 Island Estates Parkway

Palm Coast, FL., 32137

## 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:

Kim Maguire

Name

135 Island Estates Parkway

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

Palm Coast, FL., 32137 FL

City, State, and Zip

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2013 DEC 13 PM 12:05  
NOTARY PUBLIC  
TALLAHASSEE, FLORIDA

*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:**

CEO

Kim Maguire

135 Island Estates Parkway

Palm Coast, FL., 32137

PRES

Marguerite Maguire

135 Island Estates Parkway

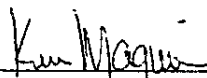
Palm Coast, FL., 32137

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: 11/11/14 (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.)

Kim Maguire

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)**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2013 DEC 13 PM 12:05

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