

U14 0066 29944

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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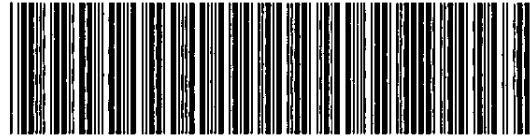
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Smash Media Group 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:

Christopher S Blood

Name of Person

Firm/Company

1015 Dolphin Drive

Address

Cape Coral, FL 33904

City/State and Zip Code

fiddlebak@gmail.com

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

For further information concerning this matter, please call:

Anne Blood

Name of Person

at (239)

Area Code

549-2120

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

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Smash Media Group 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:

1015 Dolphin Drive
Cape Coral, FL 33904

1015 Dolphin Drive
Cape Coral, FL 33904

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:

Anne M Morehouse

Name

1015 Dolphin Drive

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

Cape Coral

City

FL 33904

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 605, F.S..

Anne M Morehouse

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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TALLAHASSEE, FLORIDA

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

Name and Address:

Christopher S Blood
1015 Dolphin Drive
Cape Coral, FL 33904

AMBR

Julius J Davis Jr
2703 19th Street SW
Lehigh Acres, FL 33976

MGR

Christopher S Blood
1015 Dolphin Drive
Cape Coral, FL 33904

MGR

Julius J Davis Jr
2703 19th Street SW
Lehigh Acres, FL 33976

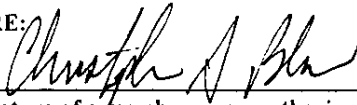
(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: NONE (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.)

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.

(In accordance with section 605.0203 (1) (b), 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.)

Christopher S. Blood

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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TALLAHASSEE, FL 32399

Attachment for Smash Media Group LLC : Article IV: Articles of Organization

<u>Title</u>	<u>Name and Address</u>
MGR	Anne M Blood 1015 Dolphin Drive Cape Coral, FL 33904
MGR	Elizabeth Y Davis 2703 19 th Street SW Lehigh Acres, FL 33976

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TALLAHASSEE, FL 32310