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(Re	equestor's Name)	
(Ad	dress)	
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(Cit	ty/State/Zip/Phone	<del>#</del> )
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
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SECREJARY OF STATE
SECREJARSSEE FLORIDA

TO: Registration Section Division of Corporations
SUBJECT: Petot Media Marketing 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:
Constance Fetot
Name of Person
Firm/Company
4551 Sailmaker LN Address
DESTIN, F/3254/ City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Constance Jato + at (C14) 364 0083  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee Certificate of Status    S155.00 Filing Fee & Certificate Of Status

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:		
The haire of the Diffined Diability Company is.		
Petot Media Marketine LLC.  (Must end with the words "Limited Liability Company, "L.L.C.," or "LLC."	<del></del>	
	•	
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is	i <b>.</b>	
Principal Office Address: Mailing Address:		
4551 SAILMAKER IN DESTIN PI 32541 32541		L
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 another business entity with an active Florida registration.)	n individ	ual or
The name and the Florida street address of the registered agent are:		
Constance Petot		
Florida street address (P.O. Box NOT acceptable)		
DESTIN FL 32541 City Zip		
Having been named as registered agent and to accept service of process for the above stated limite the place designated in this certificate, I hereby accept the appointment as registered agent and capacity. I further agree to comply with the provisions of all statutes relating to the proper and c of my duties, and I am familiar with and accept the obligations of my position as registered agent Chapter 605, F.S.:	agree to omplete p	act in this performance
Registered Agent's Signature (REQUIRED)		14.0
(CONTINUED)	REJAR)	SEP 15
Page 1 of 2	OF STA	E IN

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager  MGC	(majanco Petot
	4551 Sailmaker W
	DESTIN , F1 32541
	· · · · · · · · · · · · · · · · · · ·
<del></del>	
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	ate of filing:
E V: Effective date, if other than the da	ate of filing:
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E V: Effective date, if other than the datective date is listed, the date must be of filing.)  E VI: Other provisions, if any.	ate of filing: 9/10/14 (OPTIONAL) specific and cannot be more than five business days prior to or 90 o
E V: Effective date, if other than the date that is listed, the date must be of filing.)  E VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a 1	nember or an authorized representative of a member
E V: Effective date, if other than the date ective date is listed, the date must be of filing.)  E VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a I  (In accordance with section	nember or an authorized representative of a member of this document.
E V: Effective date, if other than the date ective date is listed, the date must be of filing.)  E VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a in the ection constitutes an affirmation unline am aware that any false information.	nember or an authorized representative of a member of this document of the penalties of perjury that the facts stated herein are tribular to the Department of States.
E V: Effective date, if other than the date ective date is listed, the date must be of filing.)  E VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a in the ection constitutes an affirmation unline am aware that any false information.	nember or an authorized representative of a member of this document.  605.0203 (1) (b), Florida Statutes, the execution of this document.  der the penalties of perjury that the facts stated herein are tries.
E V: Effective date, if other than the date extive date is listed, the date must be of filing.)  E VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a I  (In accordance with section constitutes an affirmation un I am aware that any false inf constitutes a third degree fel	nember or an authorized representative of a member of
E V: Effective date, if other than the date extive date is listed, the date must be of filing.)  E VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a I  (In accordance with section constitutes an affirmation un I am aware that any false inf constitutes a third degree fel	nember or an authorized representative of a member of this document of the facts stated herein are the formation submitted in a document to the Department of State only as provided for in s.817.155, F.S.)