## 114000093019

(Re	equestor's Name)	
(Ad	dress)	<u> </u>
(Ad	ldress)	
(Ĉit	ty/State/Zip/Phone	#)
PICK-UP	WAIT,	MAIL
(Bu	siness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



200260899102

06/06/14--01008--015 \*\*160.00



## **COVER LETTER**:

TO: Registration Section Division of Corporations  SUBJECT: Rise 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:  Cai Hin Neal  Name of Person  Firm/Company  304 Southern Pean Cir Unitational Address	
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:  Caitin Neclinary  Name of Person	
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:  Caitin Necl  Name of Person  Firm/Company	
Please return all correspondence concerning this matter to the following:  Cai Hin Necl  Name of Person  Firm/Company	
Cai Hin Necll Name of Person  Firm/Company	
Firm/Company	
Firm/Company	
• •	_
• •	
304 Southern Pecan Cir Uni-	
	102
Winter Garden, PL 3478	7
brennan Caitlinna amail. com	_
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Caitlin Neal at 401, 587 9508	
Name of Person Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
\$125.00 Filing Fee Certificate of Status    \$155.00 Filing Fee & Certificate of Status (additional copy is enclosed)   \$160.00 Filing Fee, Certificate of Status (additional copy is enclosed)   Certified Copy (additional copy is enclosed)	
Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of Corporations	

P.O. Box 6327 Tallahassee, FL 32314

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:
Rise 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:
304 Southern Pecan (ir Joy Southern Pecan Cir Unit 102 Unit 102 Winter Garden, Fr. 34787 Winter Garden, Fr. 34787
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:
Name
304 Southern Pean Cir Unit 102
Florida street address (P.O. Box <u>NOT</u> acceptable)
Winter Garden FL 31797 City Zip
City 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
Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

Title: "AMBR" = Authorized Member	Name and Address:	
"MGR" = Manager	Caitlin Neal	7
MGR	baction Mont	<u>r</u> dın,√ 347
- focus	204 Southern Pean Unit 102 Winter	Tran
		-
		<del>-</del> -
		_
(Use attachment if necessary)		_
•	e of filing:(OPTIONAL)	_
E V: Effective date, if other than the date ective date is listed, the date must be sp	e of filing: (OPTIONAL)  pecific and cannot be more than five business days prior to or	r 90 days
E V: Effective date, if other than the date ective date is listed, the date must be spot filing.)	e of filing: (OPTIONAL)  pecific and cannot be more than five business days prior to o	r 90 days
E V: Effective date, if other than the date ective date is listed, the date must be spot filling.)	e of filing: (OPTIONAL)  pecific and cannot be more than five business days prior to o	r 90 days
E V: Effective date, if other than the date ective date is listed, the date must be spot filling.)	e of filing: (OPTIONAL) pecific and cannot be more than five business days prior to or	r 90 days
(Use attachment if necessary)  E V: Effective date, if other than the date ective date is listed, the date must be spot filing.)  E VI: Other provisions, if any.  REQUIRED SIGNATURE:	e of filing: (OPTIONAL) pecific and cannot be more than five business days prior to or	r 90 days
E V: Effective date, if other than the date ective date is listed, the date must be spot filing.)  E VI: Other provisions, if any.  REQUIRED SIGNATURE:	to clarify and cannot be more than five business days prior to or	r 90 days
E V: Effective date, if other than the date ective date is listed, the date must be spot filing.)  E VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a m  (In accordance with section 6)	pecific and cannot be more than five business days prior to or  LUL  ember or an authorized representative of a member.  05.0203 (1) (b), Florida Statutes, the execution of this document	
E V: Effective date, if other than the date ective date is listed, the date must be spot filing.)  E VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a m  (In accordance with section 6 constitutes an affirmation und I am aware that any false info	ember or an authorized representative of a member.  05.0203 (1) (b), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are true.  In the penalties of perjury that the Department of State.	
E V: Effective date, if other than the date ective date is listed, the date must be spot filing.)  E VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a m  (In accordance with section 6 constitutes an affirmation und I am aware that any false info	tember or an authorized representative of a member. 05.0203 (1) (b), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are true. In the penalties of perjury that the facts stated herein are true. In the penalties of perjury that the facts stated herein are true. In the penalties of perjury that the facts stated herein are true. In the penalties of perjury that the facts stated herein are true. In the penalties of perjury that the facts stated herein are true. In the penalties of perjury that the facts stated herein are true. In the penalties of perjury that the facts stated herein are true. In the penalties of perjury that the facts stated herein are true. In the penalties of perjury that the facts stated herein are true. In the penalties of perjury that the facts stated herein are true. In the penalties of perjury that the facts stated herein are true. In the penalties of perjury that the facts stated herein are true. In the penalties of perjury that the facts stated herein are true. In the penalties of perjury that the facts stated herein are true. In the penalties of penalties	
E V: Effective date, if other than the date ective date is listed, the date must be spot filing.)  E VI: Other provisions, if any.  REOUIRED SIGNATURE:  Signature of a m  (In accordance with section 6 constitutes an affirmation und I am aware that any false info constitutes a third degree felo	ember or an authorized representative of a member. 05.0203 (1) (b), Florida Statutes, the execution of this documer terms the penalties of perjury that the facts stated herein are true. It is provided for in s.817.155, F.S.)	nt II
E V: Effective date, if other than the date ective date is listed, the date must be spot filing.)  E VI: Other provisions, if any.  REOUIRED SIGNATURE:  Signature of a m  (In accordance with section 6 constitutes an affirmation und I am aware that any false info constitutes a third degree felo	ember or an authorized representative of a member. 05.0203 (1) (b), Florida Statutes, the execution of this documer ler the penalties of perjury that the facts stated herein are true. Impact of the penalties of perjury that the facts stated herein are true. Impact of the penalties of state in a document to the Department of State in the penalties of the penalti	at 14. IIW
E V: Effective date, if other than the date ective date is listed, the date must be spot filing.)  E VI: Other provisions, if any.  REOUIRED SIGNATURE:  Signature of a m  (In accordance with section 6 constitutes an affirmation und I am aware that any false info constitutes a third degree felo	ember or an authorized representative of a member. 05.0203 (1) (b), Florida Statutes, the execution of this documer terms the penalties of perjury that the facts stated herein are true. It is provided for in s.817.155, F.S.)	nt II