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## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Earth Walker Media  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:
Kenrick Mills Name of Person
<u>Earthwalker Media</u> Firm/Company
410 Wilma Circle Apt. 407 Address
Riviera Beach Florida 33404 E E City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Kenrick Mills at (574) 933-4133 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:  \$\Bigsim \frac{1}{2} \\$125.00 \text{ Filing Fee} \\ Certificate of Status  \$\Bigsim \frac{1}{2} \\$155.00 \text{ Filing Fee & Certified Copy (additional copy is enclosed)}  \$\Bigsim \frac{1}{2} \\$160.00 \text{ Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)}  \$\Bigsim \frac{1}{2} \\$160.00 \text{ Filing Fee, Certified Copy (additional copy is enclosed)}  \$\Bigsim \frac{1}{2} \\$160.00 \text{ Filing Fee, Certified Copy (additional copy is enclosed)}  \$\Bigsim \frac{1}{2} \\$160.00 \text{ Filing Fee, Certified Copy (additional copy is enclosed)}  \$\Bigsim \frac{1}{2} \\$160.00 \text{ Filing Fee, Certified Copy (additional copy is enclosed)}  \$\Bigsim \frac{1}{2} \\$160.00 \text{ Filing Fee, Certified Copy (additional copy is enclosed)}  \$\Bigsim \frac{1}{2} \\$160.00 \text{ Filing Fee, Certified Copy (additional copy is enclosed)}  \$\Bigsim \frac{1}{2} \\$160.00 \text{ Filing Fee, Certified Copy (additional copy is enclosed)}  \$\Bigsim \frac{1}{2} \\$160.00 \text{ Filing Fee, Certified Copy (additional copy is enclosed)}  \$\Bigsim \frac{1}{2} \\$160.00 \text{ Filing Fee, Certified Copy (additional copy is enclosed)}  \$\Bigsim \frac{1}{2} \\$160.00 \text{ Filing Fee, Certified Copy (additional copy is enclosed)}  \$\Bigsim \frac{1}{2} \\$160.00 \text{ Filing Fee, Certified Copy (additional copy is enclosed)}  \$\Bigsim \frac{1}{2} \\$160.00 \text{ Filing Fee, Certified Copy (additional copy is enclosed)}  \$\Bigsim \frac{1}{2} \\$160.00 \text{ Filing Fee, Certified Copy (additional copy is enclosed)}  \$\Bigsim \frac{1}{2} \\$160.00 \text{ Filing Fee, Certified Copy (additional copy is enclosed)}  \$\Bigsim \frac{1}{2} \\$160.00 \text{ Filing Fee, Certified Copy (additional copy is enclosed)}  \$\Bigsim \frac{1}{2} \\$160.00 \text{ Filing Fee, Certified Copy (additional copy is enclosed)}  \$\Bigsim \frac{1}{2} \\$160.00 \text{ Filing Fee, Certified Copy (additional copy is enclosed)}  \$\Bigsim \frac{1}{2} \\$160.00  Filing Fee, Certified Copy (additional
Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:		
Earth walker Med (Must end with the words "Limited Lie		<del>'</del> )
ARTICLE II - Address: The mailing address and street address of the principal office	e of the Limited Liability Company is	s:
Principal Office Address:	Mailing Address:	
410 Wilma Circle Apt. 407 Riviera Beach, FL 33404	410 Wilma Circle A Riviera Beach, FL 230	pt. 407 204
ARTICLE III - Registered Agent, Registered Office, & I (The Limited Liability Company cannot serve as its own Re another business entity with an active Florida registration.)		n individual or
The name and the Florida street address of the registered ag		
<u>Kenrick</u> Mi	ill5	
Name	1. 1. //07	
#10 Wilma Circl Florida street address (P.O. Box No.	OT acceptable)	
<u>Riviera Beach,</u>	FL 33404 Zip	
Having been named as registered agent and to accept service the place designated in this certificate, I hereby accept the capacity. I further agree to comply with the provisions of a of my duties, and I am familiar with and accept the obligation. Chapter	e appointment as registered agent and all statutes relating to the proper and c	d agree to act in this complete performance
Registered Agent's Signature	(REQUIRED)	
(CONTINUED		ZOIN JUN SECRET
Page 1 of 2		M-9 M

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
AMBR	Chad Carpenter 120 Cenane Terrace Apt. 201 North Palm Beach, FL 33408
•	te of filing: (OPTIONAL)
E V: Effective date, if other than the date ective date is listed, the date must be so of filing.)	te of filing: (OPTIONAL)  pecific and cannot be more than five business days prior to or 90
E V: Effective date, if other than the date ective date is listed, the date must be sof filing.)	te of filing: (OPTIONAL)  pecific and cannot be more than five business days prior to or 90
(Use attachment if necessary)  E V: Effective date, if other than the date ective date is listed, the date must be sof filing.)  E VI: Other provisions, if any.  REQUIRED SIGNATURE:	te of filing: (OPTIONAL)  pecific and cannot be more than five business days prior to or 90
E V: Effective date, if other than the date ective date is listed, the date must be sof 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	te of filing:
E V: Effective date, if other than the date ective date is listed, the date must be sof 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	nember of an authorized representative of a member. 605.0203 (1) (b), Florida Statutes, the execution of this document der the penalties of perjury that the facts stated herein are true. 605.0203 to the description of the document der the penalties of perjury that the facts stated herein are true. 605.0203 to the description of the document der the penalties of perjury that the facts stated herein are true.

ARTICLE IV-