## L14000151907

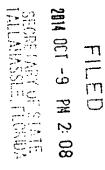
(Requestor's Name)
(Address)
(Address)
(City/State/Zjp/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



900263950059

10/09/14--01029--024 \*\*125.00





## COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Tallahassee Family Magazine 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:
Jackie A. Karlberg Name of Person
Tallahassee Family Magazine Firm/Company
3828 Castleberry Drive
Tallahassee, FL 32303
Tallahassee, FL 32303  City/State and Zip Code  +allahasseefamily@gmayl.com  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Tackie A. Kaylberg at (520) 227-7720  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\ \text{Certificate of Status}\$\$ Certificate of Status \$\ \text{Certified Copy} \\ (additional copy is enclosed)\$\$ (additional copy is enclosed)\$\$ (additional copy is enclosed)\$\$ (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

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
Tallahassee Family Magazine 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:	
3028 Castleberry DV PO Box 181031 Tallahassee, FL 32303 Tallahassee, FL 32318	
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 individua another business entity with an active Florida registration.)	l or
The name and the Florida street address of the registered agent are:	2014
Jackie A. Karlberg  Name  3828 Castleberry Dr	10 MAY 0
Florida street address (P.O. Box NOT acceptable)  Tallahassee FL 32303  City Zip	PH 2: 08

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 "MGR" = Manager AMBR	Name and Address:  Tackje Kavibeva
AMBR	3928 Costlaberry Dr. Tallahasse, FL 32303  Par Karlberg 3828 Castleberry Dr. Tallahassee, FL 32303
of filing.)	of filing: 1092014 (OPTIONAL) cific and cannot be more than five business days prior to or 90 days a
E V: Effective date, if other than the date dective date is listed, the date must be specifiling.)	
E V: Effective date, if other than the date of ective date is listed, the date must be specifiling.)	
E V: Effective date, if other than the date dective date is listed, the date must be specifiling.)  E VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a men (In accordance with section 605 constitutes an affirmation under I am aware that any false inform	nber or an authorized representative of a member.  5.0203 (1) (b), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are true.
E V: Effective date, if other than the date dective date is listed, the date must be specifiling.)  E VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a men (In accordance with section 605 constitutes an affirmation under I am aware that any false inform	nber or an authorized representative of a member.  5.0203 (1) (b), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are true.  The penalties of perjury that the Department of State