## #1/400019/170

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Certified Copies	_ Certificates	of Status
Supplied Instructions to	Filing Officer	
Special Instructions to	Filing Officer:	

- - Office Use Only



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2014 DEC -8 PM 2: 00 SECRETARY OF STATE TALLAHASSEE, FLORIDA

> K.SALY EXAMINER DEC 16 2014

111

## **COVER LETTER**

то:	Registration Section Division of Corporations		
SUBJI	ECT: Media Development Group LLC Name of Li	mited Liability Company	
The en	closed Articles of Organization and fee(s) a	are submitted for filing.	
Please	return all correspondence concerning this r	natter to the following:	
	Brian E. Cobb	Name of Person	
		name of Person	
	CobbCorp LLC		
		Firm/Company	
	_7400 Trail Blvd. No. Suite 102		
		Address	<del></del>
	Naples, Florida 34108	(****/*********************************	· · · - · · · · · · · · · · · · · · · ·
		City/State and Zip Code	
<u>b</u> r	iancobb@cobbcorp.com E-mail address: (to be use	ed for future annual report notifica	雅 ation)
Con fin			,
roriur	ther information concerning this matter, plo	ease can:	
Brion	E Cobb at (	212 ) 960-8468	
DIIGH	Name of Person		lephone Number
Enclos	ed is a check for the following amount:		
□ \$125.0	0 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	Street/Courier Add	ress
	Registration Section	Registration Section	
	Division of Corporations P.O. Box 6327	Division of Corporat Clifton Building	ions
	Tallahassee, FL 32314	2661 Executive Cent	ter Circle

Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

11

ARTICLE I - Name:

The name of the Lim	ited Liability Company is:		
Media Developme	nt Group LLC.		"or "LLC.") Por
	(Must end with the words "Limit	ed Liability Company, "L.L.C.,	"or "LLC." Por
ARTICLE II - Add	ress'		5月87
	and street address of the principal	office of the Limited Liability	Company is: FF 0
•	, ,	·	55.00
Principal Office Ad	dress:	Mailing Address:	F. C.
172 Seabreeze Av	enue	172 Seabreeze Avenue	6 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5
Naples	31144	Naples	
Florida 34108		Florida 34108	0
(The Limited Liabilit	istered Agent, Registered Office by Company cannot serve as its over ity with an active Florida registrate	vn Registered Agent. You must	
The name and the Flo	orida street address of the register	ed agent are:	
	Brian E Cobb		
	Nar	me	_
	172 Seabreeze Avenue		_
	Florida street address (P.O. B	ox NOT acceptable)	
	Naples	FL 34108	_
	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

<u>Γitle:</u>	Name and Address:
AMBR" = Authorized Member	
"MGR" = Manager	
AMBR	Brian E Cobb
	172 Seabreeze Avenue
	Naples, Florida 34108
	The state of the s
<u>AMBR</u>	Phil Lombardo ਪ੍ਰੀ
	117 Pondfield Road
	Bronxville, New York 10708-4001
	-
EV: Effective date, if other than the date ctive date is listed, the date must be spe	of filing:
(Use attachment if necessary)  E.V: Effective date, if other than the date ective date is listed, the date must be spenfilling.)  E.VI: Other provisions, if any.	of filing: (OPTIONAL) ecific and cannot be more than five business days prior to or
E V: Effective date, if other than the date excrive date is listed, the date must be spenfilling.)	of filing: (OPTIONAL) ecific and cannot be more than five business days prior to or
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E V: Effective date, if other than the date ective date is listed, the date must be spend filling.)  E VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a men (In accordance with section 60):	mber or an authorized representative of a member. 5.0203 (1) (b), Florida Statutes, the execution of this documen
E V: Effective date, if other than the date ective date is listed, the date must be spend filling.)  E VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a menuture of a	ecific and cannot be more than five business days prior to or
E V: Effective date, if other than the date ective date is listed, the date must be spend filling.)  E VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a menuture of a	mber or an authorized representative of a member. 5.0203 (1) (b), Florida Statutes, the execution of this document representative of perjury that the facts stated herein are true, mation submitted in a document to the Department of State

Page 2 of 2

\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)