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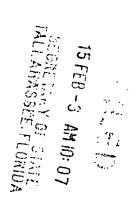
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COVER LETTER

TO:	Registration Section Division of Corporations	
SUBJ	JECT: Registry Publishing, LLC	
	Name of Lin	nited Liability Company
The er	nclosed Articles of Organization and fee(s) at	re submitted for filing.
Please	e return all correspondence concerning this m	atter to the following:
		Ron C. James Name of Person
		Name of Person
	F	Registry Publishing, LLC
		Firm/Company
		5163 Velda Dairy Road
		Address
		allahassee, Florida 32309
		ity/State and Zip Code
_	E-mail address: (to be used	hotmail.com I for future annual report notification)
For fu	orther information concerning this matter, plea	ise call:
	Ron C. James at (_	850) 339-4008
	Name of Person	Area Code Daytime Telephone Number
Enclos	sed is a check for the following amount:	
□ \$125.0	00 Filing Fee & Status Certificate of Status	□\$155.00 Filing Fee & □\$160.00 Filing Fee, Certified Copy (additional copy is enclosed) □\$160.00 Filing Fee, Certificate of Status & Certified Copy (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 Tallalassec, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Regist	ry Publishing, LLC
	"Limited Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the p	rincipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
5163 Velda Dairy Road	5163 Velda Dairy Road
Tallahassee, Florida 32309	Tallahassee, Florida 32309
	Ron C. James
	Name
- , , , , , , , , , , , , , , , , , , ,	63 Velda Dairy Road
Florida street address	63 Velda Dairy Road (P.O. Box NOT acceptable)
	63 Velda Dairy Road P.O. Box <u>NOT</u> acceptable)
Florida street address Tallahase City Having been named as registered agent and to the place designated in this certificate, I her capacity. I further agree to comply with the p	63 Velda Dairy Road P.O. Box <u>NOT</u> acceptable) FL 32309
Florida street address Tallahaser City Having been named as registered agent and to the place designated in this certificate, I her capacity. I further agree to comply with the p of my duties, and I am familiar with and account to the position of the position of the place designated in this certificate. I her capacity. I further agree to comply with the p of my duties, and I am familiar with and account to the position of the place of the p	P.O. Box NOT acceptable) FL 32309 Zip accept service of process for the above stated limited liability company of the appointment as registered agent and agree to act in this rovisions of all statutes relating to the proper and complete performance apt the obligations of my position as registered agent as provided for in Chapter 605, F.S.
Florida street address Tallahaser City Having been named as registered agent and to the place designated in this certificate, I her capacity. I further agree to comply with the p of my duties, and I am familiar with and account to the position of the position of the place of	P.O. Box NOT acceptable) FL 32309 Zip accept service of process for the above stated limited liability company aby accept the appointment as registered agent and agree to act in this rovisions of all statutes relating to the proper and complete performance apt the obligations of my position as registered agent as provided for in Chapter 605, F.S
Florida street address Tallahaser City Having been named as registered agent and to the place designated in this certificate, I her capacity. I further agree to comply with the p of my duties, and I am familiar with and according to the place of the	P.O. Box NOT acceptable) FL 32309 Zip accept service of process for the above stated limited liability company aby accept the appointment as registered agent and agree to act in this rovisions of all statutes relating to the proper and complete performance apt the obligations of my position as registered agent as provided for in Chapter 605, F.S.

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:	
"MGR" = Manager	Doc A. L	
MGR	Ron C. James	
	5163 Velda Dairy Road Tallahassee, Florida 32309	
	Idialiassee, I foliua 32303	•
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		•
	Tallahasea 32309	
(Use attachment if necessary)		
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ective date is listed, the date must be	date of filing: 01/28/2015 (OPTIONAL) e specific and cannot be more than five business days prior to or 9	0 da
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ective date is listed, the date must be of filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE:	e specific and cannot be more than five business days prior to or 9	O da
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