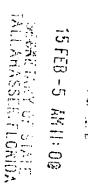
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Office Use Only



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**d. Sittivers** FEB 1 2 2015

## **COVER LETTER**

TO: Registration Division of C	Section Corporations		
SUBJECT: <u>CHRIS</u>	TIAN VOICE NETWORK L Name of Lin	LC nited Liability Company	<del></del>
The enclosed Articles	of Organization and fee(s) as	re submitted for filing.	
Please return all corre	spondence concerning this m	atter to the following:	
Robert S	huhy	Name of Person	
Robert S	huhy, CPAPC	Firm/Company	
35 Locus	st Drive	Address	
<u>Bedford,</u>	N.Y. 10506	City/State and Zip Code	
bobshuhy@iclo	ud.com E-mail address: (to be use	d for future annual report notifica	ution)
For further informatio	n concerning this matter, plea	ase call:	
Robert Shuhy Nan	at ( §	914 ) <u>482-7090</u> Area Code Daytime Tel	ephone Number
Enclosed is a check for	or the following amount:		
□ \$125.00 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)
<u>Ma</u> i	iling Address	Street/Courier Add	ress

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLES OF ORGANIZATION FOR	PEONIDA ENVITED MADIENT I COMITANT
ARTICLE I - Name: The name of the Limited Liability Company is:	
CHRISTIAN VOICE NETWORK LLC (Must end with the words "Limited	l Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal of	office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
365 Taft-Vineland Road Suite 101 Orlando, FL 32824	Robert Shuhy, CPA, PC 35 Locust Drive Bedford, NY, 10506
ARTICLE III - Registered Agent, Registered Office, (The Limited Liability Company cannot serve as its own another business entity with an active Florida registration.)  The name and the Florida street address of the registered.	Registered Agent. You must designate an individual or on.)
William Strickler	
Name	•
365 Taft-Vineland Road	
Florida street address (P.O. Bo	x <u>NOT</u> acceptable)
Orlando	FL 32824
City	Zip
the place designated in this certificate, I hereby accept capacity. I further agree to comply with the provisions of my duties, and I am familiar with and accept the ol	ervice of process for the above stated limited liability company as of the appointment as registered agent and agree to act in this of all statutes relating to the proper and complete performance oligations of my position as registered agent as provided for in other 605, F.S
Registered Agent's Signa	ature (REQUIRED)
(CONTINU	JED)
Page 1 of	2 AH II: OG

(In accordance with section 605.0 constitutes an affirmation under the	ber or an authorized representative of a member.  203 (i) (b), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are true.  Ition submitted in a document to the Department of State
E VI: Other provisions, if any.	Pel Shuhi
tuing.)	
ctive date is listed, the date must be speci	filing: (OPTIONAL) fic and cannot be more than five business days prior to or 90
Use attachment if necessary)	
<del></del>	
<del> </del>	
<del></del>	
	35 Locust Drive Bedford, N.Y. 10506
AMBR	Robert Shuhy
MBR	Robert Shuhy