# **1/2000030408**

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EFFECTIVE DATE
2-15-2015

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MINOR ASSISTANTA

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K. SALY EXAMINER FEB 1 9 2015

## **COVER LETTER**

***	ation Section of Corporations		
SUBJECT:	RED HILLS M		·
The enclosed Arti	icles of Organization and fee(s) are submitt	ed for filing.	
Please return all c	correspondence concerning this matter to th	e following:	
	FREDERICK	WILSON	
	· · · · · · · · · · · · · · · · · · ·	011 013011	
	'LEP LILLS	MEDIA	
		Company	
	210 MILL BRA	NUL ROOM	
<del></del>	Ad	dress	
	TALLANDSSEF FL City/State	32312 and Zip Code	
RI	CKWILSON 1963 EGMAIL E-mail address: (to be used for future)		
	nation concerning this matter, please call:		
	Name of Person at (\$50)		L8U Elephone Number
Enclosed is a chec	ck for the following amount:		
] \$125.00 Filing Fe	Certificate of Status · Cert	5.00 Filing Fee & ified Copy onal 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
Tallahassee, Fl. 32301

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	2-15-2015	
(Must end with the words "Limited Liability Company. "L.L.C		
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liabilit		
Principal Office Address:  210 MILL BRANCH ROOD  TALLANASSEE, FL 32312  Mailing Address:  210 MILL BRANCH ROOD  TOLLANASSEE  TOLLANASSEE	LANCH RO FL 72312	
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Sig (The Limited Liability Company cannot serve as its own Registered Agent. You mutanother business entity with an active Florida registration.)  The name and the Florida street address of the registered agent are:	15 FEB 19 AH II:	• :
Having been named as registered agent and to accept service of process for the about the place designated in this certificate, I hereby accept the appointment as registe capacity. I further agree to comply with the provisions of all statutes relating to the of my duties, and I am familiar with and accept the obligations of my position as a Chapter 605, F.S  Registered Agent's Signature (REQUIRED)  (CONTINUED)	ered agent and agree to act in this e proper and complete performance	

Page 1 of 2

Title:	Name and Address:
"AMBR" = Authorized Member "MGR" = Manager	FRENCHICK WILSON
· AMBR	210 MILL BRONCH RD
	ZIO MILL BRANCH RD TRUMPSSEC FL 32712
	102
	77 (4) ( )
	<u> </u>
(Use attachment if necessary)  LE V: Effective date, if other than the date offective date is listed, the date must be spec	f filing: (OPTIONAL) rific and cannot be more than five business days prior to or 90 day
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ARTICLE IV-