

L15000057309

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

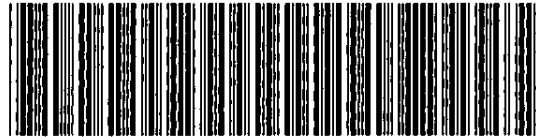
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600271244496

04/02/15--01001--001 **125.00

RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
15 APR - 1 PM 1:57
TO ACKNOWLEDGE
SUFFICIENCY OF FILING

APPROVED
AND
FILED
15 APR - 1 PM 2:01
DEPARTMENT OF STATE
FIDELITY/INTEGRITY DIVISION

M. MILLIGAN
EXAMINER

APR 01 2015

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Modern Qi Media, 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:

John Crewdson

Name of Person

Modern Qi Media, LLC.

Firm/Company

POB 1661

Address

Pine Lake, GA 30072

City/State and Zip Code

JohnCrewdson@ModernDayQi.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

John Crewdson at (678) 542-4944
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for 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)

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:

Modern Qi Media, 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:

601 Spruce Dr.
Pine Lake, GA 30072

POB 1661
Pine Lake, GA 30072-1661

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 individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

REGISTERED AGENTS INC.

Name

3030 N. Rocky Point Dr., STE 150A

Florida street address (P.O. Box NOT acceptable)

Tampa

FL 33607

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..



Bill Havre - President

Registered Agent's Signature (REQUIRED)

(CONTINUED)

RECEIVED
FLORIDA SECRETARY OF STATE
TALLAHASSEE, FL 32304

15 APR - 1 PM 2:01

FILED

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:

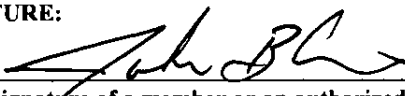
_____	_____
_____	_____
_____	_____
AMBR	John Crewdson POB 1661 Pine Lake, GA 30072-1661
_____	_____
AMBR	Heather Harper POB 1661 Pine Lake, GA 30072-1661
_____	_____
_____	_____
_____	_____

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ N/A _____ (OPTIONAL)
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.
(In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

John B. Crewdson

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)

15 APR - 1 PM 2:01
FILED
APR 15 2011
TALLAHASSEE, FLORIDA
CLERK OF THE CIRCUIT COURT