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(Re	equestor's Name)	_ .
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PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

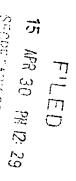
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NOTIFIE TO YOUR BIOLETUS TO A CHANGALE BEE DEPARTMENT OF STATE DIVISION OF STATE ON STATE OF STATE O



APR 3 0 2015

S. YOUNG

COVER LETTER

	tion Section of Corporations		
SUBJECT: B 8	k G Online Networks, LLC Name of Lir	nited Liability Company	
The enclosed Arti	cles of Organization and fee(s) a	re submitted for filing.	
Please return all co	orrespondence concerning this m	atter to the following:	
<u>Danie</u>	elle L Walsh	N. CD	
		Name of Person	
		Firm/Company	
1904	Chowkeebin Nene		
		Address	
<u>Tallal</u>	nassee, FL 32301		
	C	City/State and Zip Code	
chefbizcuit@	Mamail com		न्य न
<u> </u>	E-mail address: (to be use	d for future annual report notification)	一篇录型
For further inform	ation concerning this matter, plea	ase call:	FILED IPR 30 PI
Danielle L Walsi	hat (!	904) 437-7365	
	Name of Person	Area Code Daytime Telephone Nu	
Enclosed is a chec	k for the following amount:		29 29
\$ 125.00 Filing Fe	e \$\square\$\$130.00 Filing Fee & Certificate of Status	Certified Copy Certificational copy is enclosed) Certificational Copy is enclosed)	0 Filing Fee, icate of Status & ed Copy al 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:	
• • •	
B & G Online Networks, LLC	· · · · · · · · · · · · · · · · · · ·
(Must end with the words "Limited L	iability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal offi	ce of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
1904 Chowkeebin Nene Tallahassee, FL 32301	1904 Chowkeebin Nene Tallahassee, FL 32301
ARTICLE III - Registered Agent, Registered Office, & (The Limited Liability Company cannot serve as its own Reanother business entity with an active Florida registration.)	egistered Agent. You must designate an individual or
The name and the Florida street address of the registered a	gent are:
Danielle L Walsh	五 五 五 五 五 五 五 五 五 五 五 五 五 五 五 五 五 五 五
Name	ا ن کار
1904 Chowkeebin Nene	1.1
Florida street address (P.O. Box N	(OT acceptable)
Tallahassee	FL 32301
City	Zip
the place designated in this certificate, I hereby accept to capacity. I further agree to comply with the provisions of of my duties, and I am familiar with and accept the oblig	ice of process for the above stated limited liability company at the appointment as registered agent and agree to act in this all statutes relating to the proper and complete performance tations of my position as registered agent as provided for in 605, F.S

Page 1 of 2

(CONTINUED)

<u>Title:</u> "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
MGR - Wallager MGR	Danielle L Walsh
	1904 Chowkeebin Nene
	Tallahassee, FL 32301
	· · · · · · · · · · · · · · · · · · ·
(Use attachment if necessary)	
ctive date is listed, the date must filling.) E VI: Other provisions, if any.	e date of filing: (OPTIONAL) be specific and cannot be more than five business days prior to or
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E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of	be specific and cannot be more than five business days prior to or
REQUIRED SIGNATURE: Signature of (In accordance with sectionstitutes an affirmation I am aware that any false	be specific and cannot be more than five business days prior to or
REQUIRED SIGNATURE: Signature of (In accordance with sectionstitutes an affirmation I am aware that any false	a member or an authorized representative of a member. on 605.0203 (1) (b), Florida Statutes, the execution of this document under the penalties of perjury that the facts stated herein are true. information submitted in a document to the Department of State felony as provided for in s.817.155, F.S.) Walsh
REQUIRED SIGNATURE: Signature of (In accordance with section constitutes an affirmation I am aware that any false constitutes a third degree	a member or an authorized representative of a member. on 605.0203 (1) (b), Florida Statutes, the execution of this document under the penalties of perjury that the facts stated herein are true. information submitted in a document to the Department of State felony as provided for in s.817.155, F.S.)
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