

L150000091632

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

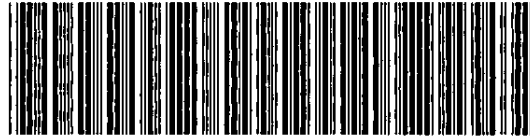
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05/21/15--01009--024 **125.00

EFFECTIVE DATE

06/15/15

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION
15 MAY 22 PM 3:06
TALLAHASSEE, FLORIDA

MAY 22 2015

S. MASON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: NIGHTVEIL MEDIA
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:

WILLIAM F. SCHWARTZ

Name of Person

NIGHTVEIL MEDIA

Firm/Company

P.O. BOX 521216

Address

LONGWOOD, FLORIDA 32752

City/State and Zip Code

BRBlack100@aol.com

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

For further information concerning this matter, please call:

WILLIAM SCHWARTZ at (407) 332-8765
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 Address

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

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TALLAHASSEE, FLORIDA

15 MAY 22 PM 3:06

SECRETARY OF STATE
DIVISION OF CORPORATIONS

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

NIGHTVEIL MEDIA, L.L.C.

(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:

NIGHTVEIL MEDIA
1225 BENNETT DR. UNIT 113
LONGWOOD, FL 32750

Mailing Address:

NIGHTVEIL MEDIA
PO BOX 521216
LONGWOOD, FL 32752

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:

WILLIAM F. SCHWARTZ
Name
507 SKIDDER COURT
Florida street address (P.O. Box **NOT** acceptable)
LONGWOOD FLORIDA 32750
City State 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.

William F. Schwartz
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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DIVISION OF CORPORATION
15 MAY 22 PM 3:06
TALLAHASSEE FLORIDA

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

AMBR

Name and Address:

WILLIAM F. SCHWARTZ
507 SKIDDER COURT
LONGWOOD, FL 32750

REBEKAH SCHWARTZ
507 SKIDDER COURT
LONGWOOD, FL 32750

(Use attachment if necessary)

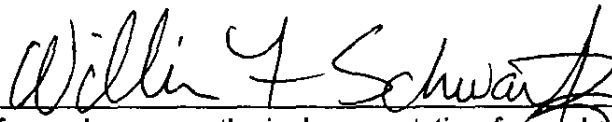
ARTICLE V: Effective date, if other than the date of filing: JUNE 15, 2015 (OPTIONAL)

(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.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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.)

WILLIAM F. SCHWARTZ

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)

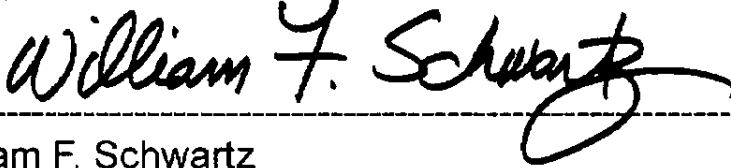
\$ 5.00 Certificate of Status (Optional)

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DIVISION OF CORPORATION
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TALLAHASSEE, FLORIDA

L.L.C. Letter.txt

The purpose of this letter is to state that I have no intention of reinstating No. P09000001450 (Nightveil Media, Inc.) as

a corporation and I release the name Nightveil Media to my L.L.C.

A handwritten signature in black ink, reading "William F. Schwartz". The signature is written in a cursive style with a large, stylized "W" and "S".

William F. Schwartz
May 26, 2015

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION-
15 MAY 22 PM 3:06
SECRETARY OF STATE
ALABAMA-FLORIDA