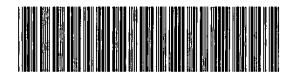
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(Re	questor's Name)	
(Ad	dress)	_
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
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Certified Copies	Certificates	of Status
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Special Instructions to	Filing Officer:	·

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SECRETARY OF STATE DIVISION OF CORPORATION

× 09/02/15

COVER LETTER

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TO:

Registration Section

Division of Corporations	
ABC Media Production SUBJECT:	
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:	
Alan Corbin	
Name of Person	
ABC Media Production LLC	
Firm/Company	
2809 Strand Loop Court	
Address	
Oviedo, Florida, 32765	
City/State and Zip Code	
acorbinbyron@gmail.com E-mail address: (to be used for future annual report notification)	
•	
For further information concerning this matter, please call:	
Alan Corbin 407 6088392	
Name of Person Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
\$125.00 Filing Fee \$130.00 Filing Fee \$ \$155.00 Filing Fee \$ \$160.00 Filing Certificate of Status (additional copy is enclosed) \$160.00 Filing Fee \$ \$ \$160.00 Filing Fee \$ \$160.00 Filing Fee \$ \$160.00 Filing Fee \$ \$ \$ \$160.00 Filing Fee \$ \$ \$ \$160.00 Filing Fee \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	f Status &

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: ~ -

Media Media	heating L.L.C. nd with the words "Limited Liab	ility Company 5	TIC "or "IC")	
(Must en	id with the words Limited Liab	inty Company,	L.E.C., Of LDC.	
RTICLE II - Address:		0.4 ** * 4.7	11 mm - 6	
he mailing address and street	t address of the principal office	of the Limited L	liability Company is:	
<u>Princ</u>	ipal Office Address:		Mailing Address:	
2809 Strand Loop Court, Oviedo, FL 32765		2809 5	2809 Strand Loop Court Oviedo, FL 32765	
The Limited Liability Compa		gistered Agent stered Agent. Yo	's Signature: ou must designate an individual or	
The Limited Liability Compa nother business entity with a	iny cannot serve as its own Region active Florida registration.)	stered Agent. Yo	's Signature: ou must designate an individual or	
The Limited Liability Compa nother business entity with a	any cannot serve as its own Region active Florida registration.) et address of the registered agen	stered Agent. Yo	's Signature: ou must designate an individual or	
The Limited Liability Compa nother business entity with a	iny cannot serve as its own Region active Florida registration.)	stered Agent. You	's Signature: ou must designate an individual or	
The Limited Liability Compa nother business entity with a	any cannot serve as its own Region active Florida registration.) et address of the registered agent	stered Agent. You	ou must designate an individual or	
The Limited Liability Compa nother business entity with a	any cannot serve as its own Region active Florida registration.) The address of the registered agent Alan Corbin Nar	stered Agent. Your are:	ou must designate an individual or	
The Limited Liability Compa nother business entity with a	any cannot serve as its own Region active Florida registration.) tet address of the registered agentation. Alan Corbin Nar 2809 Strand Loop Court, Communication.	stered Agent. Your are:	ou must designate an individual or	

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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

DIVISION OF CURPURSALDS.

Title: "AMBR" = Authorized Membe	Name and Address:
"MGR" = Manager MGR	Alan Corbin 2809 Strand Loop Court Oviedo, Florida 32765
(Use attachment if necessary)	
ICLE V: Effective date, if other than a effective date is listed, the date muster of filing.)	st be specific and cannot be more than five business days prior to or 90 days afte
If the date inserted in this block document's effective date on the Dep	es not meet the applicable statutory filing requirements, this date will not be listed a rtment of State's records.
ICLE VI: Other provisions, if any.	

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.)

Alan Corbin

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)

SECRETARY OF STATE
DIVISION OF CORPORATION: