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Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : CORP USA Account Number : 072450003255 : (305)634-3694 Phone

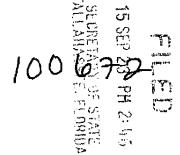
: (305)633-9696 Fax Number

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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FLORIDA LIMITED LIABILITY CO. PUBLISHING, LLC

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Electronic Filing Menu

Corporate Filing Menu

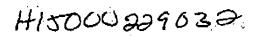
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Help

https://efile.sunbiz.org/scripts/efilcovr.exe

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ARTICLES OF ORGANIZATION FOR I	FLORIDA LIMITEDI	JABILITY COMPANY
ARTICLE I - Name: The name of the Limited Liability Company is:		
The name of the Diffices Described Company is.		
Publishing, LLC		
(Must and with the words "Limited	Liability Company,	"L.L.C.," or "LLC.")
ARTICLE II - Address:		
The mailing address and street address of the principal of	ifice of the Limited i	lubility Company is:
Principal Office Address:		Muiling Address:
8306 Mills Drive #246	8306	Mills Drive #246
Miami, Florida 33183	Міад	ni, Florida 33183
ARTICLE III - Registered Agent, Registered Office, of (The Limited Liability Company cannot serve us its own another business entity with an active Florida registration	Registered Agent. Y	
The name and the Florida street address of the registered	agent are:	
Howard L. Kuker		
	Name	
9200 South Dadolano	Blvd. Suite 508	
Florida street address	s (P.O. Box <u>NOT</u> ac	ceptuble)
Miami	Floridu	33156
City	State	Zip
laving been named as registered agent and to accept servi	ice of process for the	above stotud limited liability company at th

Maving 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 stantes 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.,

(CONTINUED)

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Registered Agent's Signature (REQUIRED)

SECRETARY OF STATE

 -		Name and Address:	
"AMBR" ⊷ Au "MGR" ≔ Mun	shorized Member		
MGR		Elise Jackson	
			
			
(I les attendemen	ne i Cmaawaaaw)		
EV: Effective ective date is li f filing.)	sted, the date must be specifi	lling:	
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