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COVER LETTER

Registration Section

TO:

Div	vision of Corporations			
SUBJECT:	Brocklesby, Radford & Chatfield	Publishing, L	LC	
ocbjici.	Name of I	Limited Liabilit	y Company	
The enclosed	d Articles of Organization and fee(s)	are submitted t	for filing.	
Please return	all correspondence concerning this	matter to the fo	llowing:	
;	Stuart Hart			
-		Name of I	Person	
-		Firm/Con	npany	
	17633 Gunn Hwy #126		. ,	
_		Addre	SS	····
(Odessa, FL 33556			
ss	shart4@gmail.com	City/State and	Zip Code	
	E-mail address: (to be us	ed for future an	nual report notification)
For further inf	ormation concerning this matter, ples	ase call:		
S	Stuart Hart	602	421-1207	
_	Name of Person	Area Code	Daytime Telephone N	Number
Enclosed is a	check for the following amount:			
\$125.00 Fili	ng Fee \$130.00 Filing Fee & Certificate of Status	Certifie	copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	N E C 2	Itreet Address New Filing Section Division of Corporation Clifton Building 661 Executive Center Callahassee, FL 32301	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

CERTIFIED
SECRETARY OF STATE TALLAHASSIE FLORIDA
COLLAMASS E FLORIDA

ARTICLE I - Name:
The name of the Limited Liability Co

3: 22

The name of the Limited Liabi.	lity Company is:		15 NOV 12	C) L s
			10 1101 12	119
	ord & Chatfield Publish		W. C. N. WILOW	-
(Must end	d with the words "Limite	d Liability Comp	pany, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street	address of the principal	office of the Lim	ited Liability Company is:	
Principal Office Address:			Mailing Address:	
2780 E. Fowler A	ve. #421	2	2780 E. Fowler Ave. #421	
Tampa, FL 33612			Tampa, FL 33612	-
				-
another business entity with an The name and the Florida stree	_			
	17633 Gunn Hwy	#126		
	Florida street addre		T accentable)	
	1 Torrad bit bot addre	(1 BOX <u>1</u>	_ ·	
	Odessa	FL	33556	
	City	State	Zip	
place designated in this certificat further agree to comply with the p	e, I hereby accept the approvisions of all statutes obligations of my position	pointment as regi relating to the pro as registered ag	the above stated limited liability company a stered agent and agree to act in this capacity oper and complete performance of my duties, ent as provided for in Chapter 605, F.S	. <i>I</i>

(CONTINUED)

Page 1 of 2

<u>litle:</u>	Name and Address:	
AMBR" = Authorized Member		
MGR" = Manager	Chronit Lland	
MBR	Stuart Hart 17633 Gunn Hwy #126	
	Odessa, FL 33556	
	Odessa, i E 00000	
		
	180 S. I	
V: Effective date, if other than the date of tive date is listed, the date must be speci	filing: 1/1/16	or 90
etive date is listed, the date must be speci- filing.)	fic and cannot be more than five business days prior to et the applicable statutory filing requirements, this date wi	or 90
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