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## **COVER LETTER**

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	Registration Section Division of Corporations	; <b>u</b>	•			
SUBJEC	Janzer Media, LLC					
SUBJEC		Limited Liabili	ty Company			
The encl	osed Articles of Organization and fee(s	s) are submitted	for filing.			
Please re	turn all correspondence concerning thi	s matter to the f	ollowing:			
	Robert Janzer					
		Name of	Person			
	Janzer Media, LLC					
	Firm/Company					
	5524 SW 89 Ave.					
		Addr	ess			
	Cooper City, FL 33328					
	robertjanzer@comcast.net	City/State an	d Zip Code			
	E-mail address: (to be	used for future a	nnual report notification)			
For further	r information concerning this matter, p	lease call:				
	Robert Janzer	954 t (	410-6984 )			
	Name of Person	Area Code	Daytime Telephone Number			
Enclosed	l is a check for the following amount:					
\$125.00	Filing Fee \$130.00 Filing Fee & Certificate of Status	Certific	0 Filing Fee & \$160.00 Filing Fee, ced Copy al copy is enclosed) Certificate of Status & Certified Copy (additional copy is enclosed)			
	Mailing Address  New Filing Section  Division of Corporations  P.O. Box 6327  Tallahassee, FL 32314		Street Address  New Filing Section  Division of Corporations  Clifton Building  2661 Executive Center Circle  Tallahassee, FL 32301			

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Janzer Media, LLC	
(Must end with the words "Limited Li	ability Company, "L.L.C.," or "LLC.")
CLE II - Address:	
CLE II - Address: ailing address and street address of the principal office	ce of the Limited Liability Company is:
	ce of the Limited Liability Company is:  Mailing Address
ailing address and street address of the principal office	

The name and the Florida street address of the registered agent are:

another business entity with an active Florida registration.)

Robert Janzer		
-	Name	<del></del>
5524 SW 89 Ave.		
Florida street addre	ss (P.O. Box NOT ac	cceptable)
Cooper City	FL	33328
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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

SECRETARY OF STATE

<u>Title:</u> "AMBR" = Au	thorized Member	Name and Address:		
"MGR" = Manager MGR		Robert Janzer		
	<del></del>	5524 SW 89 Ave		
		Cooper City, FL 33328		
	<del> </del>			
<u> </u>	<u>.</u>			
		<del></del>		
(Use attachmen		01-01-16		
an effective date is list to date of filing.)  ote: If the date inserte	•	fic and cannot be more than five business days prior to or 90 days after et the applicable statutory filing requirements, this date will not be listed as		
RTICLE VI: Other pro	•	State's records.		
REQUIRED S	IGNATURE:			
		2		
	This document is executed I am aware that any false in	ber or an authorized representative of a member. I in accordance with section 605.0203 (1) (b), Florida Statutes. Information submitted in a document to the Department of State elony as provided for in s.817.155, F.S.		
	Robert Janzer			
		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)