

L16000040325

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

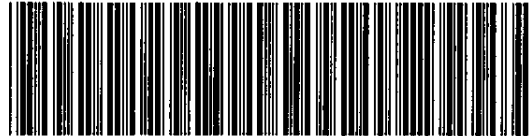
(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only

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16 FEB 22 PM 3:57
CLERK OF STATE
TALLAHASSEE, FLORIDA

2/29/16

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: BUTLER BUSINESS & MEDIA LLC

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:

SUSAN BUTLER

Name of Person

BUTLER BUSINESS & MEDIA LLC

Firm/Company

PMB 227, 12620 BEACH BLVD SUITE 3

Address

JACKSONVILLE FL 32246

City/State and Zip Code

SPB@SUSANBUTLER.COM

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

For further information concerning this matter, please call:

SUSAN BUTLER

347

439-6049

at (_____) _____

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

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

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16 FEB 22 PM 3:57
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

16 FEB 22 PM 2:15

DEPT. OF STATE
TALLAHASSEE, FLORIDA

February 1, 2016

SUSAN BUTLER
PMB 227
12620 BEACH BLVD. #3
JACKSONVILLE, FL 32246

SUBJECT: BUTLER BUSINESS & MEDIA LLC
Ref. Number: W16000007008

We have received your document for BUTLER BUSINESS & MEDIA LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must have a Florida street address. A post office box is not acceptable.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Claretha Golden
Regulatory Specialist II
New Filing Section

Letter Number: 316A00002137

FILED

16 FEB 22 PM 3:57

DEPT. OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

BUTLER BUSINESS & MEDIA LLC

(Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")

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16 FEB 22 PM 3:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

PMB 227

12620 Beach Blvd. Suite 3

Jacksonville FL 32246

Mailing Address:

PMB 227

12620 Beach Blvd. Suite 3

Jacksonville FL 32246

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:

Susan Butler

Name

3165 Kernan Lake Cir #308

Florida street address (P.O. Box **NOT** acceptable)

Jacksonville

FL

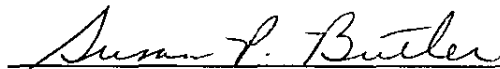
32246

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)

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:

Susan Butler

PMB 227, 12620 Beach Blvd. Suite 3

Jacksonville FL 32246

(Use attachment if necessary)

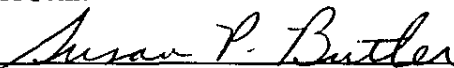
ARTICLE V: Effective date, if other than the date of filing: JAN. 20, 2016. (OPTIONAL)

(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.

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.

SUSAN P. BUTLER

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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16 FEB 22 PM 3:57
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA