(Requestor's Name) (Address)	
(Address)	500284692325
- (City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	04/20/1601017030 **160.00
(Business Entity Name)	
(Document Number)	
rtified Copies Certificates of Status	
Special Instructions to Filing Officer:	
Office Use Only	

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COVE	R LETTER
lions	
TO: Repuisi, LLC.	
Name of Limite	d Liability Company
SUBJEC inization and fee(s) are su	bmitted for filing.
nce concerning this matter	to the following:
1 w	
	Name of Person
er, LLC.	
	Firm/Company
Road	
· · · · · · · · · · · · · · · · · · ·	Address
3333	
•	State and Zip Code
pradfarm.com E-mail address: (to be used for	future annual report notification)
information concerning this matter, please ca	
Sara S. Bradshaw 850	508-0516
at (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 & Status & Certificate of Status &
(additional copy is enclosed) Certified Copy (additional copy is enclosed)
	Sturent Address
Mailing Address New Filing Section	Street Address New Filing Section Division of Corporations
Division of Corporations P.O. Box 6327	Clifton Building
Tallahassee, FL 32314	2661 Executive Center Circle
	Tallahassee, FL 32301

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Sally S. Bradshaw 1345 Dupont Road Havana. Florida 32333

April 18, 2016

New Filing Division Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Dear Sir:

Please find enclosed the form to file a Florida Limited Liability Company (Midtown Reader, L.L.C.) pursuant to Chapter 605, Florida Statutes. This form replaces an incorrect form previously mailed on March 18. I had intended to file the LLC form but had filed the For A Profit corporation form instead.

Also enclosed is a check in the amount of \$160 which includes the filing fee for Articles of Incorporation and Designation of a Registered Agent, certified copy, and certificate of status. Please refund the \$70 which I paid earlier to file the for-profit corporation.

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Thank you, and please contact me with any questions.

Sincerely,

"Lave," Madchaw

Sara S. Bradshaw 850-508-0516 sally@bradfarm.com

' ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY	
ARTICLE I - Name:	FILED
The name of the Limited Liability Company is:	16 APR 20 PM 4: 49
Midtown Reader, LLC.	
(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")	

ARTICLE II - Address:

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

Principal Office Address:	Mailing Address:	
1345 Dupont Road	1345 Dupont Road	
Havana, FL 32333	Havana, FL 32333	

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:

Sara S. Bradshaw		
	Name	
1345 Dupont Roa	d	
Florida street add	ress (P.O. Box <u>NOT</u> ac	cceptable)
Havana	FL	32333
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.

Ama A. Madchaw Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

ARTICLE 1V-

14. 1

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

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager MGR	Sara S. Bradshaw
MOR	1345 Dupont Road
	Havana, FL 32333
AMBR	Paul R. Bradshaw
	1345 Dupont Road
	Havana, FL 32333
	······································
(Use attachment if necessary)	
ARTICLE V: Effective date, if other than the date of filing	2: . (OPTIONAL)
	nd cannot be more than five business days prior to or 90 days after
the date of filing.)	
	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.	
-	

REOUIRED	SIGNATURE:	/

Indehaw

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.

Sara S. Bradshaw

Typed or printed name of signee

	σ Fee	
חנונים		

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)
Page 2 of 2