## L16000092533

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Solution depicts
Special Instructions to Filing Officer:
special instructions to rining Officer.

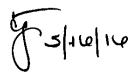
Office Use Only



200285287412

05/06/16--01020--006 \*\*155.00

FILED 16 MW -6 PM 2: 09



## **COVER LETTER**

	gistration Section vision of Corporations	
SUBJECT:		MEDIA LLC. Imited Liability Company
The enclose	d Articles of Organization and fee(s) a	re submitted for filing.
Please return	n all correspondence concerning this n	natter to the following:
	Gerar	D MEOLA
		Name of Person
-		Firm/Company
	PO B	0 × 863  Address
•		Address
	NAPLES	FL 34106
_	E-mal address: (to be use	City/State and Zip Code  A P H HOO, COM  d for future annual report notification)
For further in	formation concerning this matter, pleas	se call:
G	Name of Person	917 334-7401 Area Code Daytime Telephone Number
25.00 Fili	a check for the following amount: ing Fee 230.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & \$160.00 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

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	•
The name of the Limited Liability Company is:	FILED
1331 MEDIA LLC.	16 MAY -6 PM 2:09
(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")	PROGRAMM OF STATE
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:	PROUTED Y OF STATE TALE THAT I FELTE OF DA
Principal Office Address: Mailing Address	<u>ess</u> :
178 PENNY LANE POBOX86  UNITZ BAPLES, EL 34112	3 34106
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 interaction another business entity with an active Florida registration.)	dividual or
The name and the Florida street address of the registered agent are:	
GERARD MEOLA	
Name	
Repart MEOLA  Name  178 PENNY LAWE # 2  Florida street address (P.O. Box NOT acceptable)	
NAPLES FL 34612 City State Zip	
City State Zip	
Having been named as registered agent and to accept service of process for the above stated limited liable place designated in this certificate, I hereby accept the appointment as registered agent and agree to act further agree to comply with the provisions of all stablets relating to the proper and complete performant in familiar with and accept the obligations of my pushion as registered agent as provided for in Chapter Registered Agent's Signature (REQUIRED)	in this capacity. I ce of my duties, and I
(CONTINUED)	

Page 1 of 2

<u> </u>	Name and Address:
MGR" = Manager	_
WGK - Manager	GERARD MEOLY
·	NOPLES, FL 34106
HMBR	,
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	•,
·	:
V: Effective date, if other than the detive date is listed, the date must be filing.)	ate of filing:
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CV: Effective date, if other than the detive date is listed, the date must be filling.) the date inserted in this block does not be determined in the Department's effective date on the Department.	specific and cannot be more than five business days prior to or 90 of the meet the applicable statutory filing requirements, this date will not
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