## L16000 118590

(Re	equestor's Name)	
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PICK-UP	MAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	





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## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: FDMC Social and Digital MedicaLLC 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:
Roy Lewis Garton Name of Person
FDMC Social and Digital Media Firm/Company
610 Cardinal Street Address
Palm Bay, Florida 32909  City/State and Zip Code  Toy a floridadydemar Keting concepts. Com  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Roy Carton at (321) 759-7256  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\ \text{Certificate of Status} \]  \$130.00 Filing Fee & \text{Certified Copy} \\ (additional copy is enclosed)  \$160.00 Filing Fee, \text{Certified of Status & Certified Copy} \\ (additional copy is enclosed)
Mailing AddressStreet AddressNew Filing SectionNew Filing SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 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
	16 JUN 16 PM 4: 37 Media LLC SECRETARY OF STATE by, "L.L.C.," or "LLGALLAHASSEE FLORID
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited	d Liability Company is:
Principal Office Address:	Mailing Address:
Cardinal Street Palm Bay, Florida 32909	2010 Cardinal Street Palm Bay, Florida 32919
ARTICLE III - Registered Agent, Registered Office, & Registered Agent. (The Limited Liability Company cannot serve as its own Registered Agent. another business entity with an active Florida registration.)	
The name and the Florida street address of the registered agent are:	
610 Cardinal 5/17 Florida street address (P.O. Box NOT a	r <del>/</del> acceptable)
Palm Bay, Florida City State	32909 Zip
Having been named as registered agent and to accept service of process for the place designated in this certificate, I hereby accept the appointment as register further agree to comply with the provisions of all statutes relating to the proper am familiar with and accept the obligations of my position as registered agent	red agent and agree to act in this capacity. I er and complete performance of my duties, and I
Registered Agent's Signa	ature (REQUIRED)

(CONTINUED)
Page 1 of 2

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:	16 JUN 16 PM 4: 3
"MGR" = Manager		SECRETARY OF 318
		TALLAHASSEE FLOR
14 10 0 :>		
MER HMBK	Roy Lewis Gar	ton
	Palm Bay Fl	ton tiect Vida 30909
AMRD		
//// <i>U</i> A_	1 aly-My+15 6	Carton
	Palm Bay Florid	eston cret 52909
	1 - 73 / 1	
<del></del>		
(Use attachment if necessary)		
EV: Effective date, if other than the date of ective date is listed, the date must be specifically in the control of filing.)		
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ARTICLE IV-

\$ 5.00 Certificate of Status (Optional)