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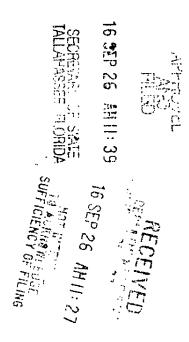
| (Requestor's Name)                      |                                       |
|---|---------------------------------------|
|   |                                       |
| (Address)                               | _                                     |
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| (Address)                               |                                       |
|   |                                       |
| (City/State/Zip/Phone #)                |                                       |
| PICK-UP WAIT                            | MAIL                                  |
| (Dusiness Entitle Name)                 |                                       |
| (Business Entity Name)                  |                                       |
| (Document Number)                       | · · · · · · · · · · · · · · · · · · · |
| (Document Number)                       |                                       |
| Certified Copies Certificates of        | Status                                |
| Special Instructions to Filing Officer: |                                       |
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Office Use Only



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## **COVER LETTER**

16 3EP 26 AH II: 39

| TO: Registration Section Division of Corporations  | SECRETATION OF STATE TALLAMASSEE FLORIDA                          |
|--|---|
| SUBJECT: LIVE Oaks Media LLC Name of Limited Liability Company   | <del></del>   |
|  |   |
| The enclosed Articles of Organization and fee(s) are submitted for filing.   |   |
| Please return all correspondence concerning this matter to the following:  |   |
| Krystal Morris Name of Person  |   |
| Name of Person   |   |
| Live Oaks Media Firm/Company   |   |
| Firm/Company   |   |
| 7029 Winding Lake Circle   |   |
| J Address  |   |
| Ovieclo, FL 32765  City/State and Zip Code  Krystal.j.o.morris@outlook.com  E-mail address: (to be used for future annual report notification) |   |
| Krystal is marked and the com  |   |
| E-mail address: (to be used for future annual report notification)   |   |
| For further information concerning this matter, please call:   |   |
| Jason Glanzmanat (407) 637-1358  Name of Person Area Code Daytime Telephone No   | umber   |
| Enclosed is a check for the following amount:  | /   |
| \$125.00 Filing Fee & \$155.00 Filing Fee & Certificate of Status (additional copy is enclosed)  | \$160.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy |

**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

(additional copy is enclosed)

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

16 SEP 26 AM 11: 39

| Α | RT | TOT | $\mathbf{E}$ | I - N | Jα | me: |
|---|----|-----|--------------|-------|----|-----|
|   |    |     |              |       |    |     |

The name of the Limited Liability Company is:

Live Oaks Meda LLC SECRETAL AND SECRETAL AND SECRETARIES OF TALLAND SECRETARIES OF TALLAND

**ARTICLE II - Address:** 

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

| <u>Principal Office Address:</u>                            | <u>Mailing Address</u> :                     |
|---|--|
| 7029 Winding Lake Circle<br>Oviedo, FL 32765                | 7029 Winding Lake Circle<br>Oviedo, FL 32765 |
| ARTICLE III - Registered Agent, Registered Office, & Regist | ered 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:

Name

7029 Winding Lake Circle.

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

Oviedo FL 32765

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..

(CONTINUED)

Page 1 of 2



| Title:   | Name and Address:  |
|--|--|
| "AMBR" = Authorized Member   | SHIP   |
| "MGR" = Manager  | TALLATASSEE FLORI  |
| AMBR   | EXISTEL MOYYIS   |
|  | 7029 Windingtake Circle  |
|  | Oviedo, FL 32765   |
| AMBR   | bson Glanzman  |
|  | 10823 Calmage Tree Loop<br>Orlando, FL 32825   |
|  | Orlando, FL <sup>o</sup> 32825   |
|  |  |
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| (Use attachment if necessary)  |  |
| CLE V: Effective date, if other than the date effective date is listed, the date must be state of filing.)  If the date inserted in this block does not  |  |
| ICLE V: Effective date, if other than the date effective date is listed, the date must be state of filing.)  | pecific and cannot be more than five business days prior to or 90 days after meet the applicable statutory filing requirements, this date will not be listed as  |
| ICLE V: Effective date, if other than the date effective date is listed, the date must be state of filing.)  If the date inserted in this block does not ocument's effective date on the Department ICLE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a man and the date must be stated in this block does not ocument's effective date on the Department ICLE VI: Other provisions, if any.                       | meet the applicable statutory filing requirements, this date will not be listed as at of State's records.  Management of State and Cannot be more than five business days prior to or 90 days after meet the applicable statutory filing requirements, this date will not be listed as at of State's records.  Management or an authorized representative of a member. State in accordance with section 605.0203 (1) (b), Florida Statutes. The information submitted in a document to the Department of State |
| ICLE V: Effective date, if other than the date effective date is listed, the date must be state of filing.)  If the date inserted in this block does not ocument's effective date on the Department ICLE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a many fall constitutes a third degree of the date of the date must be stated in this document is exected an aware that any fall constitutes a third degree. | meet the applicable statutory filing requirements, this date will not be listed as at of State's records.  Management of an authorized representative of a member.  Enter of an authorized representative of a member.  Enter of a member or an authorized representative of a member.   |

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)