

216 000 226804

(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

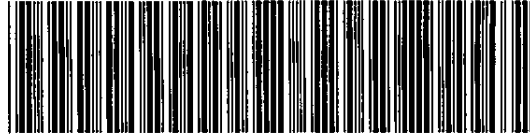
(Business Entity Name)

(Document Number)

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16 DEC -8 PM 3:27

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FLORIDA

M. MOON
DEC 08 2016



FLORIDA DEPARTMENT OF STATE
Division of Corporations

16 DEC -8 PM 12:36

INFORMATION SERVICES

October 31, 2016

DENNIS MCALLISTER
P.O. BOX 465
PALM HARBOR, FL 34683

SUBJECT: ADVENTURES IN IMAGINATION MEDIA LLC
Ref. Number: W16000073781

We have received your document for ADVENTURES IN IMAGINATION MEDIA LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Florida law requires the street address of the principal office and, if different the mailing address of the entity. A post office box is not acceptable for the principal office.

Please return 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.

Matthew T Moon
Regulatory Specialist II

Letter Number: 616A00023372

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 17, 2016

DENNIS LOUIS MCALLISTER
P.O. BOX 465
PALM HARBOR, FL 34683

SUBJECT: ADVENTURES IN IMAGINATION MEDIA LLC
Ref. Number: W16000064392

We have received your document for ADVENTURES IN IMAGINATION MEDIA LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

The document must be signed by a member or an authorized representative of a member.

Please return 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.

Matthew T Moon
Regulatory Specialist II

Letter Number: 316A00019966

16 DEC -8 PM 3: 27

RECEIVED
FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Adventures in Imagination 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:

Dennis Louis McAllister

Name of Person

Adventures in Imagination Media LLC

Firm/Company

PO Box 465

Address

Palm Harbor Florida 34683

City/State and Zip Code

dennisjlm@yahoo.com

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

For further information concerning this matter, please call:

Dennis L. McAllister

727

307-6850

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Adventures in Imagination Media 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:

~~PO Box 465~~ 3121 Beecher Dr E
Unit F
Palm Harbor FL 34683

PO Box 465

Palm Harbor FL 34683

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:

Dennis Louis McAllister

Name

3121 Beecher Drive East Unit F

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

<u>Palm Harbor</u>	<u>FL</u>	<u>34683</u>
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..

Dennis L. McAllister

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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STATE
CLERK
OFFICE

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

Name and Address:

Dennis Louis McAllister

3121 Beecher Drive East Unit F

Palm Harbor FL 34683

MGR

Melissa Diane McAllister

3121 Beecher Drive East Unit F

Palm Harbor FL 34683

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: August 1, 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:

Dennis L. McAllister

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.

Dennis Louis McAllister

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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SECRET
STATE
RIDA