

L1700005/325

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(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

03/09/17

February 20, 2017

Division Of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

RE: Newscreen, LLC.
FEIN: 46-4525858
Email: Steveg2385@gmail.com

Dear Sir/Ms:

I, Steven Guice former owner of Newscreen LLC., Registration
Number: L14000006479 acknowledge that I will not revoke the
Dissolution filed by the State of Florida on this Limited Liability Company.

I have made application and will be filing for a New Limited Liability Company
and request the use of the name Newscreen LLC. to be used as my
new Limited Liability Company name.

Respectfully,



Steven Guice
AMBR

Cc: File Copy
Encl: Articles/LLC.

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TALLAHASSEE, FLORIDA

COVER LETTER

**TO: New Filing Section
Division of Corporations**

SUBJECT: NEWSCREEN 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:

STEVE GUICE

Name of Person

NEWSCREEN LLC

Firm/Company

6440 47TH AVE. EAST

Address

BRADENTON, FLORIDA 34208

City/State and Zip Code

Steve2385@gmail.com

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

For further information concerning this matter, please call:

STEVE GUICE

941

720-4419

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:

NEWSCREEN LLC

(Must contain 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:

6440 47TH AVE. EAST
BRADENTON, FLORIDA 34208

Mailing Address:

6440 47TH AVE. EAST
BRADENTON, FLORIDA 34208

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:

STEVEN GUICE

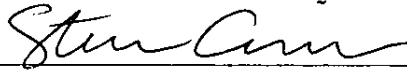
Name

6440 47TH AVE. EAST

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

<u>BRADENTON</u>	<u>FLORIDA</u>	<u>34208</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.



Registered Agent's Signature (REQUIRED)

(CONTINUED)

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TALLAHASSEE, FLORIDA

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

Name and Address:

STEVEN GUICE

6440 47TH AVE, EAST

BRADENTON, FLORIDA 34208

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (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:



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.

STEVEN GUICE

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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TALLAHASSEE, FLORIDA