

L18000029796

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H18000040150 3)))



H180000401503ABCT

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 617-6381

From:

Account Name : SHUFFIELD LOWMAN
Account Number : I20030000118
Phone : (407) 581-9800
Fax Number : (407) 581-9801

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

REGISTEREDAGENT-JAD@SHUFFIELDLOWMAN.COM

Email Address: _____

**FLORIDA LIMITED LIABILITY CO.
ALPHA CARD COMPACT MEDIA, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

2018 FEB -2 PM 4:45

18 FEB -2 AM 9:59

FILED

Electronic Filing Menu

Corporate Filing Menu

Help

(((H18000040150 3)))

FILED

ARTICLES OF ORGANIZATION 18 FEB -2 AM 9: 59
OF
ALPHA CARD COMPACT MEDIA, LLC
A Florida Limited Liability Company

ARTICLE I
NAME

The name of this limited liability company is ALPHA CARD COMPACT MEDIA, LLC,
referred to in these Articles of Organization as the "Company."

ARTICLE II
MAILING AND STREET ADDRESS

The street address of the principal office of the Company is as follows:

1st Floor, 43-45 Oxford Road
Guiseley, Lees LS208AB

The mailing address of the principal office of the Company is as follows:

1st Floor, 43-45 Oxford Road
Guiseley, Lees LS208AB

ARTICLE III
COMMENCEMENT OF COMPANY'S EXISTENCE

In accordance with Section 605.0207, Florida Statutes, the Company's existence shall be deemed to have commenced at 12:01 a.m., on the date and at the time the record is filed as evidenced by the Florida Department of State's endorsement of the date and time on the record.

ARTICLE IV
REGISTERED AGENT

The name and Florida street address of the initial Registered Agent are as follows:

Jason A. Davis, Esquire
Shuffled, Lowman & Wilson, P.A.
545 West Main Street
Tavares, Florida 32778

(((H18000040150 3)))

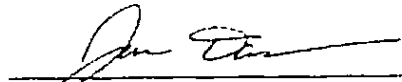
ARTICLE V MANAGEMENT

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

Title	Name and Address
Manager	Ian Whitfield 1 st Floor, 43-45 Oxford Road Guiseley, Lees LS208AB

ARTICLE VI APPLICABLE LAW

The Company is created pursuant to Chapter 605, Florida Statutes, and shall be governed by the laws of the State of Florida.

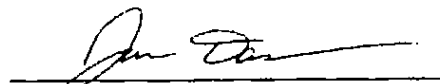

 Jason A. Davis, Esq., as
 Authorized Representative

FILED
 18 FEB -2 AM 9:59

ACCEPTANCE OF DESIGNATION OF REGISTERED AGENT

Pursuant to the provisions of Section 605.0113, Florida Statutes, the undersigned submits the following statement of acceptance of his designation as Registered Agent for the Company:

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 of the Florida Statutes.


 Jason A. Davis, Esquire