# L19000211539

(Requestor's Name)							
(Address)							
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PICK-UP WAIT MAIL							
(Business Entity Name)							
(Document Number)							
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SECRETARY OF STATE

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## **COVER LETTER**

TO: New Filing Section Division of Corporations
SUBJECT: M.C. AVERTISING LLC Name of Limited Limbility Company
The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Jonathan Mathrew Chastain Name of Person
Firm/Company
22522 Front Beach Rd. Unit X
PANATURE CITY BEACH, Ft. 32413  City/State and Zip Code  Chast jo @ youco .com  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:  \$125.00 Filing Fee \$\text{S130.00 Filing Fee & Certificate of Status}\$\$  Certificate of Status & Certified Copy (additional copy is enclosed)  \$\text{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

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The name of the Limited Liability Company is:

"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:

### 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:

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.,

ed Agent Signature (REQUIRED)

(CONTINUED)

# ARTICLE IV-

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

Title: "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	•
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(Use attachment if necessary)	<b>'</b>
TCLE V: Effective date, if other than the date of filin	ng: (OPTIONAL)
n effective date is listed, the date must be specific a date of filing.)	and cannot be more than five business days prior to or 90 days aft
e: If the date inserted in this block does not meet the	e applicable statutory filing requirements, this date will not be listed
document's effective date on the Department of State	e s records.
ICLE VI: Other provisions, if any.	
	- <del></del>
REQUIRED SIGNATURE	4 AN
Signature of a member	or as 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.

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)