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(Requestor's Name)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
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(Document Number)
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03/16/20--01020--002 **155.00

COVER LETTER

New Filing Section

Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

TO:

*		: Communication	is, LLC.		•	
SUBJECT	Name of Limited Liability Company					
The enclos	ed Articles of	Organization and	fee(s) are	submitted	for filing.	
Please retu	rn all correspo	ndence concerni	ng this ma	tter to the f	ollowing:	
	Thelma Sinc	lair				
				Name of	Person	
	Sinclair Six	Communications	LLC.			
				Firm/Co	mpany	
	4190 Plantation Oaks Blvd #1012					
				Addr	ess	
	Orange Park	, FL 32065				
	sinclair1027@	gmail.com	Ci	ity/State an	d Zip Code	
•	E	-mail address: (t	o be used	for future a	nnual report notificat	ion)
For further is	nformation co	ncerning this mat	ter, please	call:		
	Taurean Sinc	lair	90 at (4	382-2346	
	Nam	e of Person	Aı	ea Code	Daytime Telephon	e Number
Enclosed is	s a check for th	ne following amo	unt:			
□\$125.00	Filing Fee	□\$130.00 Fili Certificate of		Certifi	5.00 Filing Fee & ed Copy al copy is enclosed)	□\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	New F	g Address iling Section on of Corporation	ıs		Street Address New Filing Section D The Centre of Tallah	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:				
The name of the Limited Liability	Company is:			
Sinclair Six Communi			-	
(Must conati	n the words "Limited l	Liability Comp	any, "L.L.C.," or "LLC.")	
ARTICLE II - Address:				
The mailing address and street add	iress of the principal o	ffice of the Lir	nited Liability Company is:	
Principal Office Address: 4190 Plantation Oaks Blvd #1012			Mailing Address: 4190 Plantation Oaks Blvd #1012	
				
ARTICLE III - Registered Ager (The Limited Liability Company of another business entity with an act The name and the Florida street ac	annot serve as its own tive Florida registration	Registered Agon.)		ndividual or
	Taurean Sinclair			
		Name		
	4190 Plantation Oak	s Blvd #1012		
	Florida street addres	s (P.O. Box <u>N</u> e	OT acceptable)	
	Orange Park	FL	32065	
	City	State	Zip	
Having been named as registered as place designated in this certificate, if further agree to comply with the proam familiar with and accept the obli	hereby accept the app visions of all statutes re igations of my position	ointment as reg elating to the p as registered a	ristered agent and agree to a roper and complete performa	ct in this capacity. I mce of my duties, and I
		(CONTINU	ED)	

ARTICLE IV-

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

Title: "AMBR" = Authorized Memb	Name and Address:
"MGR" = Manager <u>MGR</u>	Thelma Sinclair 4190 Plantation Oaks Blvd #1012 Orange Park, FL 32065
MGR	Taurean Sinclair 4190 Plantation Oaks Blvd #1012 Orange Park, FL 32065
(Use attachment if necessary)	
f an effective date is listed, the date in the date in the date of filing.)	nan the date of filing: (OPTIONAL) must be specific and cannot be more than five business days prior to or 90 days after does not meet the applicable statutory filing requirements, this date will not be listed as department of State's records.
RTICLE VI: Other provisions, if any.	
	ure of a member or an authorized representative of a member. nt is executed in accordance with section 605.0203 (1) (b), Florida Statutes.
I am aware th	nt is executed in accordance with section 603.0203 (1) (6), Florida Statutes. lat any false information submitted in a document to the Department of State third degree felony as provided for in s.817.155, F.S.

Filing Fees:

Typed or printed name of signee

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

Thelma Sinclair

COVER LETTER

	ew Filing Section vision of Corporations					
SUBJECT	Sinclair Six Communication	s, LLC.				
SUBJECT		ne of Limited Liabil	ity Company			
The enclose	ed Articles of Organization and	fee(s) are submitted	for filing.			
Please retur	n all correspondence concernir	ng this matter to the f	following:			
	Thelma Sinclair					
		Name of	Person			
	Sinclair Six Communications,	LLC.				
		Firm/Co	mpany			
	4190 Plantation Oaks Blvd #1	012				
		Addr	ess			
	Orange Park, FL 32065					
	sinclair1027@gmail.com	City/State an	d Zip Code			
<u>.</u>		be used for future a	innual report notificat	ion)		
For further in	nformation concerning this matt	er, please call:		·		
	Taurean Sinclair	904 at (382-2346	·		
•	Name of Person	Area Code	Daytime Telephor	ne Number		
Enclosed is	a check for the following amou	ınt:				
□\$125.00	-	ng Fee & ■\$15 Status Certifi	5.00 Filing Fee & ed Copy al copy is enclosed)	□\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
	Mailing Address New Filing Section Division of Corporation P.O. Box 6327	s	Street Address New Filing Section D The Centre of Tallah 2415 N. Monroe Street	assee et, Suite 810		
	Tallahassee, FL 32314		Tallahassee, FL 32303			

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liabil	lity Company is:			
The name of the Emmed Ename	ncy company is:			
Sinclair Six Comm	unications, LLC.			
(Must cor	natin the words "Limited	Liability Company	, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street	address of the principal o	office of the Limite	d Liability Company is:	
<u>Princi</u>	pal Office Address:		Mailing Addres	<u>s</u> :
4190 Plantation Oa	ks Blvd #1012		00 Plantation Oaks Blvd #10	12
Orange Park, FL 32		Ora	ange Park, FL 32065	
another business entity with an The name and the Florida stree		d agent are: Name s Blvd #1012		
	Orange Park	FL	32065	
	City	State	Zip	
Having been named as registered place designated in this certificat further ugree to comply with the p am familiar with and accept the c	te, I hereby accept the app provisions of all statutes r pbligations of my position	ointment as registe elating to the prope as registered agen	red agent and agree to act in er and complete performance	this capacity. I of my duties, and I

ARTICLE IV-

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

Title:	Name and Address:
"AMBR" = Authorized Member "MGR" = Manager	
MGR - Manager	Thelma Sinclair
MCR	4190 Plantation Oaks Blvd #1012
	Orange Park, FL 32065
MGR	Taurean Sinclair
	4190 Plantation Oaks Blvd #1012 Orange Park, FL 32065
	Orange Park, FL 32003
	
(Use attachment if necessary)	
,	(OPTIONAL)
TTCLE V: Effective date, if other than the	e date of filing: (OPTIONAL) be specific and cannot be more than five business days prior to or 90 days after
e date of filing.)	
ote: If the date inserted in this block does	not meet the applicable statutory filing requirements, this date will not be listed as
e document's effective date on the Departr	ment of State's records.
RTICLE VI: Other provisions, if any.	
REQUIRED SIGNATURE:	0 ,
41//	
A hallow	a Unitall
Signature of	a member or an authorized representative of a member.
This document is e	Ta member or an authorized representative of a member. executed in accordance with section 605.0203 (1) (b), Florida Statutes. The false information submitted in a document to the Department of State

Filing Fees:

Typed or printed name of signee

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

Thelma Sinclair