

L20000114452

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

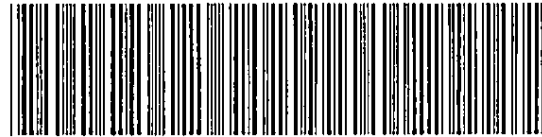
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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04/29/20--01002--001 **125.00

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2020 APR 28 AM 8:38

SECRETARY OF STATE
TALLAHASSEE, FL

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2020 APR 28 PM 3:30

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TALLAHASSEE, FLORIDA

N CULLICOTT

APR 2 2021

**CORPORATE
ACCESS,
INC.**

When you need ACCESS to the world

236 East 6th Avenue, Tallahassee, Florida 32303
P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

WALK IN

PICK UP: 04/28/2020

☐ **CERTIFIED COPY**

xx **PHOTOCOPY**

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xx **FILING**

1. **MEDIA GALAXY LLC**

(CORPORATE NAME AND DOCUMENT #)

2.

(CORPORATE NAME AND DOCUMENT #)

3.

(CORPORATE NAME AND DOCUMENT #)

4.

(CORPORATE NAME AND DOCUMENT #)

5.

(CORPORATE NAME AND DOCUMENT #)

6.

(CORPORATE NAME AND DOCUMENT #)

**SPECIAL
INSTRUCTIONS:**

COVER LETTER

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

MEDIA GALAXY LLC

SUBJECT: _____
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:

STEVEN BETANCUR

Name of Person

Name of Person

Firm/Company

Firm/Company

7521 PAULA DR STE # 261052

Address

Address

TAMPA FL 33685

City/State and Zip Code _____

City/State and Zip Code

TVR145@GMAIL.COM

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

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

For further information concerning this matter, please call:

STEVEN BETANCUR 813 430-4965
_____ at (_____) _____
Name of Person Area Code Daytime Telephone Number

STEVEN BETANCUR

813

430-4965

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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 29, 2020

CORPORATE ACCESS, INC

SUBJECT: MEDIA GALAXY LLC
Ref. Number: W20000042342

We have received your document for MEDIA GALAXY 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.

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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.

Neysa Culligan
Regulatory Specialist II

Letter Number: 720A00008835

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

FILED

ARTICLE I - Name:

The name of the Limited Liability Company is:

2020 APR 28 AM 8:39

MEDIA GALAXY LLC

(Must contain the words "Limited Liability Company," "L.L.C.," or "LLC.")

SECRETARY OF STATE
TALLAHASSEE, FL

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:7521 PAULA DR SUITE # 261052
TAMPA FL 33685Mailing Address:

PO BOX 261052 TAMPA FL 33685

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 BETANCUR

Name

7521 PAULA DR SUITE # 261052

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

TAMPA

FL

33685

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..

/s/ STEVEN BETANCUR

Registered Agent's 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

"MGR" = Manager

MGR

Name and Address:

STEVEN BETANCUR
PO BOX 261052 TAMPA FL 33685

(Use attachment if necessary)

SECRETARY OF STATE
TALLAHASSEE, FL

2020 APR 28 AM 8:39

FILED

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:

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STEVEN BETANCUR

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 BETANCUR

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)