L20000120912

(Requestor's Name)
•
(Address)
(Address)
(Address)
(City/State/Zip/Phone #)
, , , ,
PICK-UP WAIT MAIL
(Business Entity Name)
(Seemess Zinny varies)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





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2020 MAY -4 PH 2:

COVER LETTER

TO:	New Filing Section
	Division of Corporation

SUBJEC		MEDIA, LLC						
00000		Na	me of Lin	nited Liabil	ity Company			
		Organization and			_		35 S	11 - 1 U to 11 / 11 /
	Michael C.	Frufant					·1	7
				Name of	Person			`
	Crunch Med	lia, LLC					_	o
				Firm/Co	mpany			
	3064 Moody	/ Avenue						
				Addi	ess		<u>.</u>	
	Orange Park	:, FL 32065						
	michaeLtrufa	nt@gmail.com	С	ity/State ar	d Zip Code			
	-	E-mail address: (t	o be used	for future ;	nnual report notificat	ion)		
For further	information ec	ncerning this mat	ter, please	e call:				
	Michael Tru	ant	82 at (28	384-2330			
	Nam	ne of Person	- \ <u>-</u>	rea Code	Daytime Telephor	ne Number		
Enclosed	is a check for t	he following amo	unt:					
≡ \$125.0	00 Filing Fee	□\$130.00 Fili Certificate of 3		Certifi	5.00 Filing Fee & ed Copy al copy is enclosed)	□\$160.00 I Certificate of Certified Co (additional co	of Status & - ppy	l)

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:				
The name of the Limited Liabilit	y Company is:			
Crunch Media, LLC				
(Must cont	ain the words "Limited	Liability Company, "I	L.C" or "LLC.")	
ADTICLE II AJA				
ARTICLE II - Address:	data a come e do maio a cinco	west and early a standard standard	(-1-1):- <i>(</i> 1)	
The mailing address and street a	udress of the principal	office of the Limited L	ability Company is:	
<u>Princip</u>	al Office Address:		Mailing Address:	
3064 Moody Avenue		3064 N	Ioody Avenue	
Orange Park, FL 32065 Orange Park, FL 32065				
ARTICLE III - Registered Ag (The Limited Liability Company another business entity with an	cannot serve as its ow	n Registered Agent, Yo	s Signature: ou must designate an individ	ual or
The name and the Florida street	address of the registere	ed agent are:		
	Michael C. Trufant			
		Name		
	3064 Moody Avent	le		
Florida street address (P.O. Box <u>NOT</u> acceptable)				
	Orange Park	Florida	32065	

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..

State

City

Registered Agent's Signature (REQUIRED)

Zip

(CONTINUED)

2020 HAY -4 PM 2: 06

ARTICLE IV-

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

Tide:	Name and Address:
"AMBR" = Authorized Member "MGR" = Manager	
u u	
MGR	Michael C. Trufant
	3064 Moody Avenue Orange Park, FL 32065
	Orange Park, 115 3-600
	
	
(Use attachment if necessary)	
ARTICLE V: Effective date, if other than the o	date of filing: (OPTIONAL)
If an effective date is listed, the date must be	e specific and cannot be more than five business days prior to or 90 days after
he date of filing.)	
	not meet the applicable statutory filing requirements, this date will not be listed as
the document's effective date on the Departm	ent of State's records.
ARTICLE VI: Other provisions, if any.	
•	
REOUIRED SIGNATURE:	
	/ Municipal
	member or an authorized representative of a member.
	ecuted in accordance with section 605.0203 (1) (b). Florida Statutes. false information submitted in a document to the Department of State
	egree felony as provided for in s.817.155, F.S.
constructs a time de	gree relicity an provided the interest (1.125.14.17).
Michael C. T.	rufant Typed or printed name of signee
	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)