# L20000254426

| (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: |
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### COVER LETTER

| TO:                  | New Filing Sect Division of Corp |                             |              |  |                                      |             |
|----------------------|----------------------------------|-----------------------------|--------------|--|--------------------------------------|-------------|
| C1:D II              | Pax and Pea                      | ce Communicatio             | ons, LLC     |  |                                      |             |
| SUBJI                | eCT:                             | Nan                         | ne of Limit  | ed Liabilit  | y Company                            | <del></del> |
| The en               | closed Articles of C             | Organization and            | fee(s) are s | submitted!   | or filing.                           |             |
| Please               | return all correspo              | ndence concernin            | g this mate  | er to the fo   | llowing:                             |             |
|                      | ERICA PLES                       | SS                          |              |  |                                      |             |
|                      | <del></del>                      |                             |              | Name of  | Person                               |             |
|                      | THE PLESS                        | LAW FIRM, P.A               | ١.           |  |                                      |             |
|                      |                                  |                             |              | Firm/Cor   |                                      |             |
|                      | 5628 CENTE                       | RAL AVE.                    |              |  |                                      |             |
|                      |                                  | ,                           | <del></del>  | Addre  |                                      |             |
|                      | ST. PETERS                       | BURG, FLORID                | A 33707      |  |                                      |             |
|                      | ERICA@THI                        | EPLESSLAWFIR                |              | •  | I Zip Code                           |             |
|                      |                                  | E-mail address: (t          | o be used f  |  | nnual report notificati              |             |
| For furt             | her information co               | ncerning this mat           | ter, please  | call:  |                                      |             |
|                      | ERICA PLES                       | SS                          | 727          | •  | 362-4730                             |             |
|                      | Nam                              | e of Person                 | Arc          | za Code  | Daytime Telephone                    | e Number    |
| Enclo                | sed is a check for t             | he following amo            | unt:         |  |                                      |             |
| ■\$125.00 Filing Fee |                                  |                             |              | ☐S155.00 Filing Fee & ☐IS160.00 Filing F<br>Certified Copy Certificate of Status<br>(additional copy is enclosed) Certified Copy<br>(additional copy is en |                                      |             |
|                      |                                  | ng Address<br>iling Section |              |  | Street Address New Filing Section Di | vision      |

New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| PAX AND PEACE CO  | MMUNICATIONS, LLC the words "Limited Liab  | ility Company. "  | L.L.C" or "LLC.")                                     | _             |
|---|--|---|---|---------------|
|   | rific words Emilieu Emil   | mir company   |   |               |
| ARTICLE II - Address:<br>The mailing address and street addr  | ress of the principal offic  | e of the Limited I  | liability Company is:                                 |               |
| Principal (   | Office Address:  |   | Mailing Address:                                      |               |
| 513 55TH AVE  |  |   | STILAVE.  |               |
| ST DETERSBURG BE  | EACH, FLORIDA 33706  | STP   | ETERSBURG BEACH, FLORIDA                              |               |
| 51.11.11.Karooker ta  | 7.16.11.12.07.11.20  |   |   |               |
|   |  | 33700   | 5   |               |
| ARTICLE III - Registered Agent<br>(The Limited Liability Company canother business entity with an act | t, Registered Office, & l<br>annot serve as its own Re<br>tive Florida registration.)  | 33700<br>Registered Agen<br>gistered Agent, Y                           | 5   | 20 110        |
| ARTICLE III - Registered Agent<br>(The Limited Liability Company canother business entity with an act | t, Registered Office, & l<br>annot serve as its own Re<br>tive Florida registration.)  | 33700<br>Registered Agent, Y<br>gent are:                               | t's Signature:  | 20 🚻          |
| ARTICLE III - Registered Agent<br>The Limited Liability Company comother business entity with an act  | t, Registered Office, & lannot serve as its own Retive Florida registration.) Idress of the registered ag  | 33700<br>Registered Agent, Y<br>gent are:                               | t's Signature:  | 20 110        |
| ARTICLE III - Registered Agent<br>The Limited Liability Company comother business entity with an act  | t, Registered Office, & lannot serve as its own Retive Florida registration.) Idress of the registered ag  | 33700<br>Registered Agent. Y<br>gistered Agent. Y<br>gent are:<br>M. PA | t's Signature:  | 20 11:0 -7 PM |
| ARTICLE III - Registered Agent<br>(The Limited Liability Company canother business entity with an act | t, Registered Office, & I<br>annot serve as its own Re<br>tive Florida registration.)<br>Idress of the registered ag<br>THE PLESS LAW FIRE         | 33700 Registered Agent rgistered Agent. Y gent are: M. PA               | i's Signature:<br>'ou must designate an individual or | 20 #110 - 7   |
| ADTICI E III - Registered Agent   | t, Registered Office, & lannot serve as its own Retive Florida registration.) Idress of the registered ag  THE PLESS LAW FIRE  S  5628 CENTRAL AVE | 33700 Registered Agent rgistered Agent. Y gent are: M. PA               | i's Signature:<br>'ou must designate an individual or | 20 11:0 -7 PM |

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 turther 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..

(CONTINUED)

# ARTICLE IV-The name and address of each person authorized to manage and control the Limited Liability Company: Name and Address: Title: "AMBR" = Authorized Member "MGR" = Manager SHAWN V. PORTMANN <u>MGR</u> \_\_\_\_\_ 513 55TH AVE ST PETERSBURG BEACH, FL (Use attachment if necessary) (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,

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.

SHAWN V. PORTMANIV

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)

REQUIRED SIGNATURE:

\$ 5.00 Certificate of Status (Optional)