## Division of Corporations **Electronic Filing Cover Sheet**

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : LIESER SKAFF ALEXANDER, PLLC

Account Number : I20150000057 Phone : (813)280-1256 Fax Number : (813)251-8715

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: Chris@ State Craft digital cum

# FLORIDA LIMITED LIABILITY CO.

## NorthArc Media LLC

Certificate of Status	1
Certified Copy	0
Page Count	05
Estimated Charge	\$130.00

J. FASON

OCT\_1.4.2020

Corporate Filing Menu

Help

rom: Danielle Sonntag

To:

Page: 2 of 4

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#### **COVER LETTER**

	w Filing Sec vision of Co				
SUBJECT		Media LLC			
SUBJECT	·	Nam	c of Limited Lin	ability Company	
The enclose	ed Articles of	Organization and t	ec(s) are submi	tted for filing.	
Please retur	m all correspo	ondence concerning	this matter to t	he following:	
	Ghada Skafi	f			
			Name	e of Person	
	Lieser Skaff	Alexander			
			Firm	/Сопрапу	
	403 N. How	ard Avenue			
			A	ddress	
	Tampa, FL	33606			
	1:0	-0.5-4-1	City/Stat	e and Zip Code	<del> </del>
-		raftdigital.com E-mail address: (to	be used for futu	re annual report notificat	ion)
For further in		ncerning this matte		·	
	Ghada Skaff		813 _at (	280-1256	
•	Nam	ne of Person	Area Cod		ne Number
Enclosed is	a check for t	he following amou	nt:		
<b>≘\$</b> 125.00		□\$130.00 Filin Certificate of St	g Fee & 🔘 atus Ce	\$155.00 Filing Fee & rtified Copy tional copy is enclosed)	□\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
		ng Address		Street Address	fuicion
		iling Section on of Corporations		New Filing Section D The Centre of Tallah	
		Box 6327		2415 N. Monroe Stre	
	Tallah	assec, FL 32314		Tallahassee, FL 3230	03

Orlando, FL 32801

Orlando, FL 32801

#### (((H200003564283)))

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:	
The name of the Limited Liability Company is:	
NorthArc Media LLC	
(Must contain the words "Limited Liabil	ity 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:
The maining address and street address of the principal office	of the Efficación de Company to
Principal Office Address:	Mailing Address:
37 North Orange Ave.	37 North Orange Ave.
Suite 500	Suite 500

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

To:

(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:

Christopher Mitchell		
	Name	
37 North Orange Av	e., Suite 500	
Florida street addres		eceptable)
Orlando	FL	32801
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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

m: Danielle Sonntag

To:

Fax: (850) 617-6381

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LANCON OF A ALL THE THE T	Name and Address:
'AMBR" = Authorized Member 'MGR" = Manager	
_	Chairtanhan Mitchall
MGR	Christopher Mitchell 200 S. Glenwood Ave
	Orlando, FL 32803
	· · · · · · · · · · · · · · · · · · ·
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EV: Effective date, if other than the extive date is listed, the date must b	date of filing: (OPTIONAL) se specific and cannot be more than five business days prior to or 90 day
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