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(Re	questor's Name)	
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	CO	VER LETTER	1 1	
	New Filing Section Division of Corporations		F11 E71 JAH 21	Pit 4: 4
SUD UZ	NIFLSEN MEDIATION LLC			
SUBJEC	T:Name of Lir	nited Liability Company		
The ench	used Articles of Organization and feets) ar	e submitted for filing.		
Please re	urn all correspondence concerning this ma	atter to the following:		
	Bernice S. Saxon, Esq.			
		Name of Person		
	Saxon Gilmore & Carraway, P.A			
		Firm Company		
	201 E. Kennedy Blvd, Suite 600			
		Address		
	Tampa, FL 33602			
		ity/State and Zip Code		
	FLCORP/g saxong/lmore.com	for future annual report notificati		
Lor further	information concerning this matter, pleas			
		813 425-2004		
	at (rea Code — Daytime Telephon	e Number	
Linclosed	is a check for the following amount:			
≣\$1253	0 Filing Fee T\$130,00 Filing Fee & Certificate of Status	☐\$155.00 Fifting Fee & Certified Copy (additional copy is enclosed)	■\$160,00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclo	
	Muiling Address	Street Address		
	New Filing Section New Filing Section Division Division of Corporations The Centre of Fallahassee			
P.O. Box 6327 2415 N. Monroe Street, Suite 810 Fallahassee, FL 32314 Fallahassee, FL 32303				

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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ARTICLE 1 - Name:

1 . . .

The name of the Limited Liability Company is:

NIELSEN MEDIATION LLC

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

ARTICLE If - Address:

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

Principal Office Address:	Mailing Address:	
201 E. Kennedy Blvd., Suite 600	Post Office Box 271056	
Tampa, FL_33602	Tampa, FL 33688	

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:

Bernice S. Saxon, F-	ખ	
	Name	_
201 E. Kennedy Bly	d., Suite 600	
Florida street addres	ss (P.O. Box <u>NOT</u> a	rceptables
Татра	FL	33602
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 dutics, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 405, F/S

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:

and the second second

.

"AMBR" Authorized Member "NIGR" - Manager

Name and Address:

MGR, Sole Member

Richard A. Nielsen, Esa. 201 E. Kennedy Blvd., Suite 600 Tampa, FL, 33602

(Use attachment if necessary).

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, FOR ANY AND ALL LAWFUL PURPOSES.

<u>REOURED</u> SIGNATURE:	Ruhlahieh
This document	t of a member or an authorized representative of a member, is executed in accordance with section 605.0203 (1) (b), Florida Statutes, any false information submitted in a document to the Department of State

constitutes a third degree felony as provided for in \$.817.155. F.S.

Richard A. Nielsen, Esq.

Typed or printed name of signee

Filing Fces:

- \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
- S 30.00 Certified Copy (Optional)
- 5 5.00 Certificate of Status (Optional)