

L23000361335

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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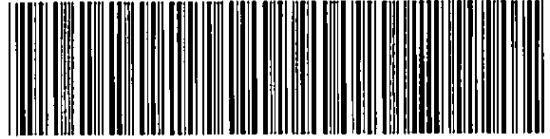
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FL

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COVER LETTER

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

FRI Media 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:

Lisa Jane O'Driscoll

Name of Person

FRI Media LLC

Firm/Company

4114 Grass Pointe Drive

Address

Parrish, FL 34219

City/State and Zip Code

Funrecipeideas@gmail.com

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

For further information concerning this matter, please call:

Lisa O'Driscoll

770

315-8271

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

FRI Media LLC

(Must contain the words "Limited Liability 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:

Principal Office Address:

4114 Grass Pointe Drive
Parrish, FL 34219

Mailing Address:

4114 Grass Pointe Drive
Parrish, FL 34219

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:

Lisa Jane O'Driscoll

Name

4114 Grass Pointe Drive

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

Parrish

Florida

34219

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.

Lisa Jane O'Driscoll
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:

AMBR

Lisa Jane O'Driscoll
4114 Grass Pointe Drive
Parrish, FL 34219

AMBR

Corinne Schmitt
94 Stonewall Drive
Stafford, VA 22556

AMBR

Krista Lynn Romano
1068 Rubicon ST
East Liverpool, OH 43920

AMBR

Sharon Chenery Hagymas
429 Pendleton Lane
Londonderry, NH 03053

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(Use attachment if necessary) *SEE ATTACHED*

ARTICLE V: Effective date, if other than the date of filing: 04/20/2023. (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:

Lisa Jane O'Driscoll

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.

Lisa Jane O'Driscoll

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)

AMBR

Andrea Joy Updyke

3501 Mercury Circle
Raleigh, NC 27604

AMBR

Sarah Beth Mock

2339 Warwick RD
York, PA 17408

AMBR

Alicia Dawn Murray

6 Indian Place
Ashville, NC 28805

AMBR

Kristina Nicole Richardson

1127 N. Hobblestrap Lane
Prescott Valley, AZ 86314

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