

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H24000231730 3)))

	H240002317303ABCVV		٠,٠,١	202		
Note: DO	NOT hit the REFRESH/RELOAD button on your browser f generate another cover sheet.	from this page. I	Doing s	; 		
ľo:	Division of Corporations		برون	7		

Fax Number

: (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : 120000000019 Phone : (305)552-5973 Fax Number : (305)675-5944

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

Email Address:	
----------------	--

## FLORIDA LIMITED LIABILITY CO. MICA MEDIA LLC

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

Electronic Filing Menu

Corporate Filing Menu

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

MICA MEDIA LLC		
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited II Company is:	iability :	7021.
7025 TWILIGHT BAY OR	e e	IIII - 9
WÎNTER GANDEN FL. 34787	, ini	ें अ
	J.H.	(ŋ )
ARTICLE III - Registered Agent, Registered Office: The name and the Florida street address of the registered agent are: (The Limited i.i. Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)	'ability	<del></del>
7025 TWILIGHT BAY DR.		
WINTER GARDEN FL. 34787.		
Mariaumilla Ftriago Unain		
ARTICLE IV The name and title of each person authorized to manage and control the Limit x Liability Company: (MGR or AMBR)		
Mariannilia Itaiago Unain. (AMBR)		
		<del></del>
Daniel I		

EIN: 99-3861624

Required Signatures:

Signature of a member or an authorized representative of a member.

In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.

Typed or printed name of signee

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 hereb 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 agen: as provided for in Chapter 605, F.S..

Registered Agent's Signature (REQUIRED)

