

8/23/24, 3:05 PM

Division of Corporations

Florida Department of State

C24000283655
Note: Please print this page and use it as a cover sheet. The tax audit number (shown below) on the top and bottom of all pages of the document.

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To: Division of Corporations
Fax Number : (850)617-6381

From: Account Name : COHEN, NORRIS, WOLMER, RAY, TELEPMAN & COHEN
Account Number : I20020000140
Phone : (561)844-3600
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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: Kdc@Cohenorris.com

2024 AUG 26 PM 12:26
RECEIVED

FLORIDA LIMITED LIABILITY CO.
Mitchem Media LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

2024 AUG 26 AM 8:30

ME 1/1

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Mitchem Media LLC
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:

Karin Drakas
Name of Person

Cohen Norris Wolmer Ray Telepman Berkowitz & Cohen
Firm/Company

712 U.S. Highway One, Suite 400
Address

North Palm Beach, Florida 33408
City/State and Zip Code

kd@cohenorris.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Aaron Granoff, Esq. 561 844-3600
Name of Person at (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

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DIVISION OF CORPORATIONS
2024 AUG 26 AM 8:30

DocuSign Envelope ID: 2415A2DE-33D0-4053-A71D-E0DD9CB84C43

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Mitchem 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:

Mailing Address:

2902 Yarmouth Dr. W
Bradenton, FL 34205

2902 Yarmouth Dr. W
Bradenton, FL 34205

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:

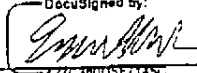
Emma Mitchem
Name

2902 Yarmouth Dr. W
Florida street address (P.O. Box ~~NOT~~ acceptable)

Bradenton FL 34205
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.

DocuSigned by:



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:

MGR _____

Emma Mitchem
2902 Yarmouth Dr. W
Bradenton, FL 34205

(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.

REQUIRED SIGNATURE:

DocuSigned by:



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.

Emma Mitchem

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)