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SEP 11 2024
CLERK OF COURT
JULIA A. HARRIS

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Video Law Services, 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:

Charles Robert Thomas

Name of Person

Firm/Company

9200 Starpass Drive

Address

Jacksonville, FL 32256

City/State and Zip Code

Bobby@nozomedia.com

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

For further information concerning this matter, please call:

Charles Thomas at (904) 472-1987

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

RECEIVED
FEB 10 2006

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

Charles Robert Thomas

9200 Starnpass Drive

Jacksonville, FL 32256

AMBR

Christina Thomas

9200 Starnpass Drive

Jacksonville, FL 32256

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 01/03/2025 (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.)

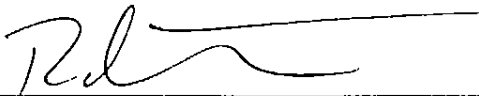
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

I am purchasing the business rights from my longterm business partner

Michaela Miller, an Affidavit is attached releasing the name to me.

REQUIRED SIGNATURE:



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.

Charles Robert Thomas

Typed or printed name of signer

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)

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Video Law Services, 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:

**9200 Starpass Drive
Jacksonville, FL 32256**

Mailing Address:

**9200 Starpass Drive
Jacksonville, FL 32256**

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:

Charles R. Thomas

Name

9200 Starpass Drive

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

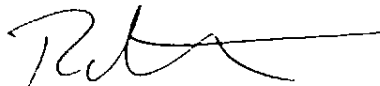
Jacksonville, FL 32256

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)

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JUL 11 2011
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Affidavit for State of Florida

Florida, County of Duval

The undersigned, MICHAELA V. MILLER, being first duly sworn, do hereby state under oath and under penalty of perjury that the following facts are true:

1. I am over the age of 18 and am a resident of Florida. I have personal knowledge of the facts herein, and, if called as a witness, could testify completely thereto.
2. I suffer no legal disabilities and have personal knowledge of the facts set forth below.
3. As current owner of Video Law Services INC. - EIN 59-2858020, I will permanently close and/or change the name of Video Law Services Inc, no later than January 3, 2025. I hereby grant permission to Charles Robert Thomas, the prospective owner, to open "Video Law Services, LLC" on or after December 6th, 2024.

I declare that, to the best of my knowledge and belief, the information herein is true, correct, and complete.

Executed this 6th day of December, 2024.

Michaela V. Miller

Michaela V. Miller

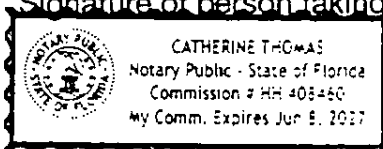
President

NOTARY ACKNOWLEDGMENT

Florida, County of Duval,

The foregoing Affidavit was acknowledged before me, by means of ☒ physical presence or ☐ online notarization, this 6th day of December, 2024, by Michaela Miller, who is personally known to me or who has produced Michaela Miller as identification, and being first duly sworn on oath according to law, deposes and says that they have read the foregoing Affidavit subscribed by them and that the matters stated herein are true to the best of their information, knowledge, and belief. Catherine Thomas

Signature of person taking acknowledgment



Name typed, printed, or stamped