

# L960000001206

## FOR FLORIDA LIMITED LIABILITY COMPANY

Department of State  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

FILED  
36 NOV 18 PM 4:01  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

SUBJECT: MUD Pie CD-ROM, L.C.  
(Proposed limited liability company name - must include suffix)

100002008291--2  
-11/19/96--01130--010  
\*\*\*\*293.75 \*\*\*\*293.75

Enclosed is an original and one (1) copy of the articles of organization and a check for:

☐ \$285.00  
Filing Fee  
& Registered  
Agent designation

☒ \$293.75  
Filing Fee,  
Registered Agent  
Designation &  
Certificate

☐ \$337.50  
Filing Fee,  
Registered Agent  
Designation &  
Certified Copy

☐ \$345.25  
Filing Fee,  
Registered Agent  
Designation,  
Certified Copy &  
Certificate

FROM: JANE F. MATHENY  
Name (Printed or typed)

P.O. Box 38492  
Address

Tallahassee FL 32315  
City, State & Zip

904/847-9174  
Daytime Telephone number

Will wait

NOTE: Please provide the original and one copy of the articles.

nc 11-18-96

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY  
COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

MUD·Pie CD-ROM, L.C.

**ARTICLE II - Address:**

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

PO Box 38492  
Tallahassee, FL 32315

**ARTICLE III - Duration:**

The period of duration for the Limited Liability Company shall be:

20 years

**ARTICLE IV - Management:**

(check and complete the appropriate statement)

- ☒ The Limited Liability Company is to be managed by a manager or managers and the name(s) and address(es) of such manager(s) who is/are to serve as manager(s) is/are:

JANE F. MATHENY  
PO Box 38492  
Tallahassee, FL 32315

- ☐ The Limited Liability Company is to be managed by the members and the name(s) and address(es) of the managing member(s) is/ are:

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#### **ARTICLE V - Admission of Additional Members:**

The right, if given, of the remaining members to admit additional members and the terms and conditions of the admissions shall be:

Additional members may be admitted by the Managing member with the members' approval.

#### **ARTICLE VI - Members Rights to Continue Business:**

The right, if given, of the remaining members of the limited liability company to continue the business on the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in the limited liability company shall be:

As provided in CHAP. 608, F.S.

**NOTE:** If no provisions are to be made in Article V and VI remove this page before submitting for filing with the Department of State.

## AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS

The undersigned member or authorized representative of a member of \_\_\_\_\_

MUD Pie C.D-ROM, L.C. deposes and says:

- 1) the above named limited liability company has at least two members
- 2) the total amount of cash contributed by the member(s) is \$ \_\_\_\_\_
- 3) if any, the agreed value of property other than cash contributed by member(s) is \$ \_\_\_\_\_  
A description of the property is attached and made a part hereto.
- 4) the amount of cash or property anticipated to be contributed by member(s) is \$ \_\_\_\_\_
- 5) the total amount of 2, 3, and 4 is \$ 202,500.00

Matthe Sol

Signature of a member or authorized representative of a member.  
(In accordance with section 608.408(3), Florida Statutes, the  
execution of this affidavit constitutes an affirmation under the  
penalties of perjury that the facts stated herein are true.)

**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the limited liability company is: MUD Pie CD-ROM, L.C.

2. The name and address of the registered agent and office is:

FREDERICK CARROLL  
(NAME)

2640 Mitcham Dr.  
(P.O. Box NOT ACCEPTABLE)

Tallahassee FL 32308  
(CITY/STATE/ZIP)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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*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.*

Fred Carroll Jr.  
(SIGNATURE)

November 18, 1996  
(DATE)