

L99000008727

Florida Department of State
Division of Corporations
Public Access System
Katherine Harris, Secretary of State

Electronic Filing Cover Sheet

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.

(((H99000031676 2)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

99 DEC 13 PM 1:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Division of Corporations
Fax Number : (850) 922-4003

From:

Account Name : BURKE AND BLUE, P.A.
Account Number : 072100000111
Phone : (850) 769-1414
Fax Number : (850) 784-0857

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

99 DEC 13 PM 1:37

FILED

LIMITED LIABILITY COMPANY

STYLES BROADCASTING OF NEW ORLEANS, LLC

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$125.00

L99-8727

AL12-13

Name _____

Availability _____

Document _____

Exhibit _____

Under _____

Under _____

Verifier _____

Acknowledgment _____

W. P. Verifier _____

Electronic Filing Menu

Corporate Filing

Public Access Help

H99000031676 2

XXXXXXXXXXXX

ARTICLES OF ORGANIZATION
OF
STYLES BROADCASTING OF NEW ORLEANS, LLC

The undersigned, for the purpose of forming a limited liability company under the Florida Limited Liability Company Act, F.S. Chapter 608, hereby make, acknowledge, and file the following Articles of Organization.

ARTICLE I - NAME

The name of the limited liability company shall be STYLES BROADCASTING OF NEW ORLEANS, LLC ("Company").

ARTICLE II - ADDRESS

The mailing address and street address of the principal office of the Company shall be:

STYLES BROADCASTING OF NEW ORLEANS, LLC
7106 Laird Street, Suite 201
Panama City Beach, FL 32408

99 DEC 13 PM 1:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

ARTICLE III - DURATION

The Company shall commence its existence on the date these articles of organization are filed by the Florida Department of State. The Company's existence shall terminate not later than December 7, 2004, unless the Company is earlier dissolved as provided in these articles of organization.

ARTICLE IV - REGISTERED OFFICE AND AGENT

The name and street address of the registered agent of the company in the State of Florida is:

SHARON DINWIDDIE
221 McKenzie Avenue
Panama City, Florida 32401

ARTICLE V - CAPITAL CONTRIBUTIONS

The members of the Company shall contribute to the capital of

Prepared by: Sharon Dinwiddie

FL Bar #0104558

BURKE & BLUE, P.A.

221 McKenzie Avenue

Panama City, FL 32401

(850) 769-1414

H99000031676 2

XXXXXXXXXXXX

H99000031676 2

~~H99000031676 2~~

the company the cash or property set forth in the operating agreement of the members.

ARTICLE VI - ADDITIONAL CAPITAL CONTRIBUTIONS

Each member shall make additional capital contributions to the Company only on the unanimous consent of all the members.

ARTICLE VII - ADMISSION OF NEW MEMBERS

No additional members shall be admitted to the Company except with the unanimous written consent of all the members of the Company and on such terms and conditions as shall be determined by all the members. A member may transfer his or her interest in the Company as set forth in the regulations of the Company, but the transferee shall have no right to participate in the management of the business and affairs of the Company or become a member unless all the other members of the Company other than the member proposing to dispose of his or her interest approve of the proposed transfer by unanimous written consent.

ARTICLE VII - TERMINATION OF EXISTENCE

The company shall be dissolved on the death, bankruptcy, insanity, retirement, resignation, expulsion or dissolution of a member, or on the occurrence of any other event that terminates the continued membership of a member in the Company, unless the business of the company is continued by the consent of all the remaining members, provided there are at least two remaining members.

ARTICLE IX - MANAGEMENT

The Company shall be managed by a member in accordance with regulations adopted by the members for the management of the

H99000031676 2

~~H99000031676 2~~

FILED

99DEC13 PM 1:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

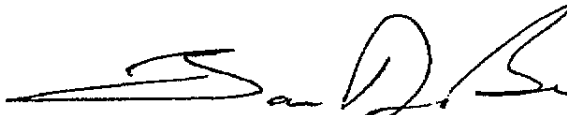
H99000031676 2

XXXXXXXXXXXX

business and affairs of the Company. These regulations may contain any provisions for the regulation and management of the affairs of the Company not inconsistent with law or these articles of organization. The names and addresses of the initial manager of the Company is:

<u>NAME</u>	<u>ADDRESS</u>
TOM DIBACCO	7106 Laird Street, Suite 201 Panama City Beach, FL 32408

IN WITNESS WHEREOF, the undersigned organizers have made and subscribed these articles of organization at Panama City Beach, Florida, on this 10th day of December, 1999.



TOM DIBACCO

STATE OF FLORIDA
COUNTY OF BAY

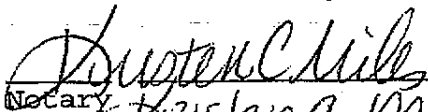
The foregoing instrument was acknowledged before me this ____ day of December, 1999, by TOM DIBACCO, who: (notary must check applicable box)

☒ is personally known to me.

☐ produced a current Florida driver's license as identification.

☐ produced _____ as identification.




Notary
Kristen C. Miles
(Print Name)

H99000031676 2

XXXXXXXXXXXX

12/13/99 MON 12:13 FAX 850 784 0857

BURKE AND BLUE

005

~~XXXXXXXXXXXX~~

H99000031676 2

EXHIBIT A TO ARTICLES OF ORGANIZATION
DESCRIPTION OF CAPITAL CONTRIBUTIONS

Kim Styles	\$ 53.00
Colonial Elkhead Of New Orleans, LLC	35.00
Tom DiBacco	9.00
Grantly Payne	3.00

99 DEC 13 PM 1:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

H99000031676 2

~~XXXXXXXXXXXX~~

H99000031676 2

XXXXXXXXXXXX

ACCEPTANCE OF REGISTERED AGENT

The undersigned, being the person named in the articles of organization of STYLES BROADCASTING OF NEW ORLEANS, LLC, as registered agent of this limited liability company, hereby consents to accept service of process for the above stated company at the place designated in the articles of organization, and accepts the appointment as registered agent and agrees to act in this capacity. The undersigned further agrees to comply with the provisions of all statutes relating to the proper and complete performance of his or her duties, and is familiar with and accepts the obligations of the positions of registered agent.



Name: SHARON DINWIDDIE
Registered Agent

99 DEC 13 PM 1:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

H99000031676 2

XXXXXXXXXXXX