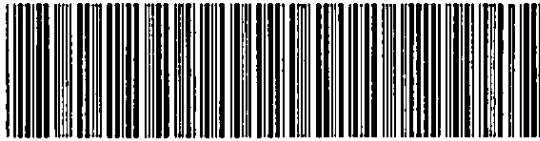


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W200000 13927

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:
Correct P19-89868

Office Use Only

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TALLAHASSEE, FL

COVER LETTER

TO: New Filing Section
Division of Corporations

Momentum Multimedia LLC

SUBJECT: _____
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:

Glenn Lucas

Name of Person

Momentum Multimedia LLC

Firm/Company

33 SE 8th St #230

Address

Boca Raton, FL 33432

City/State and Zip Code

glennlucas1221@gmail.com

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

For further information concerning this matter, please call:

Glenn Lucas

732

904-9247

_____ at (_____) _____
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 of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Momentum Multimedia 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:

33 SE 8th St #230

Boca Raton, FL 33432

33 SE 8th St #230

Boca Raton, FL 33432

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:

Glenn Lucas

Name

33 SE 8th St #230

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

Boca Raton

FL

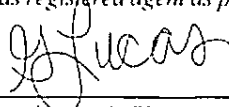
33432

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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TALLAHASSEE, FL

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

<u>Title:</u>	<u>Name and Address:</u>
"AMBR" = Authorized Member	Glenn Lucas
"MGR" = Manager	33 SE 8th St #230
MHR	Boca Raton, FL 33432
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

(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:



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.

Glenn Lucas

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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 TALLAHASSEE, FL

3/09/20 DEPOSITS/PAYMENTS DETAIL SCREEN 8:29 AM
DEPOSIT NUMBER : 11/22/19 60081 014 DEPOSIT TYPE : COR
ACCOUNT NUMBER : DEPOSIT AMOUNT : 85.09
USER ID : WEBCOR DEPOSIT BALANCE: 0.00
DEBIT MEMO DATE: VOID DATE :
TRACKING NUMBER: 700337242497 DOCUMENT NUMBER: P19000089868
REQUESTOR : CORADOMP LEDGER DATE : 11/22/19
SUB ACCT NUMBER:

CATEGORY	DESCRIPTION	AMOUNT
CERT	CERTIFICATION	17.50
CF	ALL CORP FILING FEES	67.59

+ NEXT, - PREV, 1. MENU, 2. FILING, 3. OFFICERS

ENTER SELECTION AND CR: