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(Requestor's Name)
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(City/State/Zip/Phone #)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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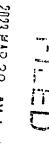
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FALLAHASSEE FI





	COVER LETTER f .	
	New Filing Section Division of Corporations	
SUBJEC	Settin' Shots Media LC	
	Name of Limited Liability Company	
The enclo	osed Articles of Organization and fee(s) are submitted for filing.	
Please ren	turn all correspondence concerning this matter to the following:	
	Jason A. Gnth	
	Name of Person	
	Settin' Shots Media LLC	
	Firm/Company	
	708 NW 20th Street Address	
	Address	<u> </u>
	Cope Coval, FL 33993 Gity/State and Zip Code guth jake at icloud. com	2023 15.50
	guth jake at icloud. Com	30
	E-mail address: (to be used for future annual report notification)	
For further i	information concerning this matter, please call: $\frac{1}{2}$	230 AM 4: 114
	Name of Person Area Code Daytime Telephone Number	· 高
	Name of Person Area Code Daytime Telephone Number	
Enclosed is	is a check for the following amount:	
⊡\$125.00	0 Filing Fee Securificate of Status Certified Copy (additional copy is enclosed) D\$155.00 Filing Fee & Certified Copy (additional copy is enclosed) Certified Copy (additional copy is	tus &

<u>Street Address</u> New Filing Section Division

The Centre of Tallahassee

Mailing Address

New Filing Section Division of Corporations New Filing Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street
Shite 810
Tallahassee, FL 32303

Gason A. Guth 70E MAN 20th Steet Cape Coval, FL 33993

(774) 404-1437



ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:

The name of the Limited Liability Company is:

Se	ettin' Shots Me	dia UC	
(Must contain the wor	rds "Limited Liability Compan	ıy, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address of th	ne principal office of the Limit	ted Liability Company is:	
Principal Office A 708 NW 20# Cappe Coval, F		Mailing Address: 70E NW 20th Street Orpe Coval, Fl 3399	
ARTICLE III - Registered Agent, Registe (The Limited Liability Company cannot servanother business entity with an active Floridal	ve as its own Registered Agen	gent's Signature: nt. You must designate an individual or	
The name and the Florida street address of the			
<u> </u>	ason A. Guth		
709	ENW 20th Sheet	Corpe	
Florida s	street address (P.O. Box <u>NOT</u> Apr Cord F2 City State	`accentable)	
	City State	Zip	2023
Having been named as registered agent and to place designated in this certificate. I hereby ac- further agree to comply with the provisions of am familiar with and accept the obligations of	ecept the appointment as regist. all statutes relating to the prop	ered agent and agree to act in this capac. Fer and complete performance of my duite	iiv. 1 W

Title: "AMBR" = Auth	orized Member	ame and Address:	
"MGR" = Mana; MGR) par	son A. Guth	
AMBR	— 70 Ct 	The Cival Ft 33993 Son B. Gith 13 NE 44 Avenue pe Cival, Ft 33909	
(Use attachment)	f necessary)		
ARTICLE V: Effective da If an effective date is liste he date of filing.)		nnot be more than five business days prior to or 9	_
ARTICLE V: Effective da If an effective date is liste the date of filing.) Note: If the date inserted	d. the date must be specific and can in this block does not meet the appli	anot be more than five business days prior to or 9	_
ARTICLE V: Effective da If an effective date is liste the date of filing.) Note: If the date inserted	d, the date must be specific and can in this block does not meet the appli- ate on the Department of State's rec	anot be more than five business days prior to or 9	ot bolisted a
ARTICLE V: Effective data If an effective date is listented the date of filing.) Note: If the date inserted the document's effective defective def	d. the date must be specific and can in this block does not meet the appliate on the Department of State's recisions, if any.	anot be more than five business days prior to or 9	_