(Requestor's Name)	
(Address)	100234892471
(Address)	100234092471
(City/State/Zip/Phone #)	
(Business Entity Name)	05/11/1201032025 **125.00
(Document Number)	
Certified Copies Certificates of Status	ECRETANY ALLAHASSE
Special Instructions to Filing Officer:	PH 1: 28 E. FLORIDA

the	TO: Registration Section Division of Corporations
	SUBJECT: <u>AdverLinked</u> , 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:
1	Chadwick Streid Name of Person
,	Firm/Company 55 West
	Address Church Street #2002
	Orlando, FL 32801 City/State and Zip Code
•	Chad Streid & hotmail. Com E-mail address: (to be used for future annual report notification)
	For further information concerning this matter, please call:
	Richard Davenport at (239) 699-1691 Name of Person Area Code & Daytime Telephone Number
· ·	Enclosed is a check for the following amount:
À	\$125.00 Filing Fee \$130.00 Filing Fee & Certificate of Status \$155.00 Filing Fee & Status \$160.00 Filing Fee, Certificate of Status & Certificate of Status & Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
•	Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32314Tallahassee, FL 32301

i.

. .

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

(Must end with 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:

<u>Principal Office Address:</u> <u>M</u> <u>189 South Orange AVE</u> <u>Suite 2,000</u> OCLANDO, FL32801

<u>Mailing Address:</u>

hurch St. ndo,

3

Ē

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:

Richard Davenfort 55 W Church Street 2007 Florida street address (P.O. Box NOT acceptable)

City, State, and 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 608, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s): FILED The name and address of each Manager or Managing Member is as follows 12 MAY 11 PM 1:28

Title:Name and Address:SECRETARY OF STATE"MGR" = Managing MemberIALLAHASSEE, FLORIDA

MGRM

MGRM

Stre Urch A ~

ArA DAVENPOR 55W Church St OrlAndo.

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: $5 - \sqrt{5} - \sqrt{2}$. (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.)

REQUIRED SIGNATURE:

Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.)

ichard rd DAUenPort Typed or printed name of signee

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)

to Certificate of Status (Optional)