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## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Illion Media Group 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:
Jonathan Gold
Name of Person
Illion Media Group Firm/Company
Firm/Company
7291 Hearth Stone Ave
Address
Boynton Beach FL 33472  City/State and Zip Code  jon Dillion media. com  E-mail address: (to be used for future annual report notification)
City/State and Zip Code
Jon William Media. Com  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Jonathan Gold at (949) 292-6686  Name of Person Area Code Daytime Telephone Number
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$130.00 Filing Fee \$ \$155.00 Filing Fee \$ \$160.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address
Registration Section
Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314

Street/Courier Address
Registration 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:

Illion Media Group L (Must end with the words "Limit	ted Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address of the principal	l office of the Limited Liability Company is:	
Principal Office Address:	Mailing Address:	
1107 Asbury Way Boynton Beach FL	7291 Hearth Stone Ave Boynton Beach FL	
	Boynton Beach FL	
3342G	<i>- 33472</i> ≥	
another business entity with an active Florida registrat	wn Registered Agent. You must designate an individual ention.)	V.
The name and the Florida street address of the register		1
Jonathan God Nar	LOSS 2:	(Carrier
Nar		
7291 Hearth S. Florida street address (P.O. B	tone Ave	
Boynton Beach City	FL 33472	
City	Zip	
the place designated in this certificate, I hereby acc capacity. I further agree to comply with the provision of my duties, and I am familiar with and accept the	service of process for the above stated limited liability comparent the appointment as registered agent and agree to act in the ns of all statutes relating to the proper and complete performs obligations of my position as registered agent as provided for apter 605, F.S	his ance

Page 1 of 2

(CONTINUED)

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:	
"MGR" = Manager AMER	Gary Sexton Tr. 1107 Asbury Way	
	1107 Asbury Way	
	Boynton Beach FL 33426	
AMBR	Jonathan Gold	
	7291 Hearth Stone Are	
A sa a sa 🕫	Boynton Beach FL 33442	
AMBR	Kyle Kirkner	
	407 Asbury hay	
	Boynton Beach FL 33426	
(Use attachment if necessary)		
ective date is listed, the date must be of filing.)	ate of filing: (OPTIONAL) specific and cannot be more than five business days prior to or 90	days :
EV: Effective date, if other than the dective date is listed, the date must be of filling.)		days :
EV: Effective date, if other than the d ective date is listed, the date must be		days
E V: Effective date, if other than the dective date is listed, the date must be of filing.)  E VI: Other provisions, if any.  REQUIRED SIGNATURE:	specific and cannot be more than five business days prior to or 90	days
E V: Effective date, if other than the dective date is listed, the date must be of filing.)  E VI: Other provisions, if any.  REOUIRED SIGNATURE:  Signature of a (In accordance with section)	member or an authorized representative of a member. 605.0203 (1) (b), Florida Statutes, the execution of this document	days
E V: Effective date, if other than the dective date is listed, the date must be of filing.)  E VI: Other provisions, if any.  REOUIRED SIGNATURE:  Signature of a (In accordance with section constitutes an affirmation un	member or an authorized representative of a member. 605.0203 (1) (b), Florida Statutes, the execution of this document ander the penalties of perjury that the facts stated herein are true.	days
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ARTICLE IV-