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	(Reque	estor's Nam	e)
	(Addre	ess)	
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	(City/S	tate/Zip/Pho	one #)
PICK-UF	>	WAIT	MAIL
	(Busin	ess Entity N	ame)
	(Docur	ment Numbe	er)
Certified Copies		Certificat	es of Status
Special Instructions	to Fili	ng Officer:	
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> 14 DEC 31 AM 8: 54 SECRETARY OF STATE TALLAHASSEE, FUORID!

## COVER LETTER

TO:	Registration Section Division of Corporations		
SUBJI	ECT: Self Narrate, LLC Name of Lin	mited Liability Company	
The en	closed Articles of Organization and fee(s) a	re submitted for filing.	
Please	return all correspondence concerning this n	natter to the following:	
	Brandon Telg	Name of Person	
	Self Narrate, LLC	Firm/Company	
	7543 SW 81st Way	Address	
	Gainesville, FL 32608	City/State and Zip Code	
<u>br</u>	andon@selfnarrate.com E-mail address: (to be use	ed for future annual report notifica	ation)
For fur	ther information concerning this matter, ple	ease call:	
Brand	on Telgat (at (at (	352 ) 262-2904 Area Code Daytime Te	lephone Number
Enclos	ed is a check for the following amount:		
<b>☑</b> \$125.0	00 Filing Fee \$\sum \text{\$\sum \$\\$130.00 Filing Fee & Certificate of Status}\$	S155.00 Filing Fee & 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	Street/Courier Add Registration Section Division of Corporat Clifton Building	

Tallahassee, FL 32314

2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name: The name of the Limited Liability Company is:		
Self Narrate, LLC  (Must end with the words "Limited I	iability Company, "L.L.C.," or "LLC.")	<del></del>
	nability company, E.E.C., or EEC.	
ARTICLE II - Address: The mailing address and street address of the principal off	ce of the Limited Liability Company is:	
Principal Office Address:	Mailing Address:	
7543 SW 81st Way Gainesville, FL 32608	7543 SW 81st Way Gainesville, FL 32608	<del></del>
ARTICLE III - Registered Agent, Registered Office, & (The Limited Liability Company cannot serve as its own R another business entity with an active Florida registration.	egistered Agent. You must designate an in	dividual or
The name and the Florida street address of the registered a	gent are:	
Brandon Telg		
Name		
7543 SW 81st Way Florida street address (P.O. Box I	NOT acceptable)	
Gainesville	FL 32608	
City	Zip	
Having been named as registered agent and to accept serve the place designated in this certificate, I hereby accept a capacity. I further agree to comply with the provisions of of my duties, and I am familiar with and accept the obliging the chapter of the Registered Agent's Signature.	the appointment as registered agent and ag Fall statutes relating to the proper and comp gations of my position as registered agent a r 605, F.S.	ree to act in this plete performance
(CONTINUE Page 1 of 2	D)	14 DE SECRE JALLAI

14 DEC 31 AH 8: 54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager AMBR	Brandon Tala
VINIDU	Brandon Telg 7543 SW 81st Way
	Gainesville, FL 32608
AMBR	Jaron Jones
	388 SW 62nd Blvd, Apt. 5 Gainesville, FL 32607
	Gainesville, FL 32007
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(Use attachment if necessary)	
ective date is listed, the date must bof filing.)  E VI: Other provisions, if any.	date of filing: <u>January 1, 2015</u> . (OPTIONAL)  De specific and cannot be more than five business days prior to or 90 day
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ective date is listed, the date must be of filing.)  E VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of	a member or an authorized representative of a member.
ective date is listed, the date must be of filing.)  E VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of (In accordance with section)	a member or an authorized representative of a member.  on 605.0203 (1) (b), Florida Statutes, the execution of this document
E VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of (In accordance with sectic constitutes an affirmation)	a member or an authorized representative of a member. on 605.0203 (1) (b), Florida Statutes, the execution of this document under the penalties of perjury that the facts stated herein are true.
E VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of (In accordance with sectic constitutes an affirmation I am aware that any false	a member or an authorized representative of a member.  on 605.0203 (1) (b), Florida Statutes, the execution of this document
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REOUIRED SIGNATURE:  Signature of (In accordance with sectic constitutes an affirmation I am aware that any false constitutes a third degree  Brandon Te  \$125.00 Filing Fee for Articles of \$30.00 Certified Copy (Options)	a member or an authorized representative of a member. on 605.0203 (1) (b), Florida Statutes, the execution of this document under the penalties of perjury that the facts stated herein are true. information submitted in a document to the Department of State felony as provided for in s.817.155, F.S.)  Typed or printed name of signee  Filing Fees: f Organization and Designation of Registered Agent
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