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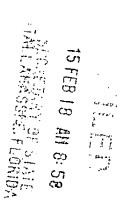
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Special Instructions to	Filing Officer:	
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## **COVER LETTER**

TO:	Registration Section Division of Corporations	
SUBJI	ECT: <u>Aerial Marketing Pros AMP 360.</u> Name of Li	LLC mited Liability Company
The en	closed Articles of Organization and fee(s)	are submitted for filing.
Please	return all correspondence concerning this r	natter to the following:
	Christopher J Marrinan	Name of Person
	Aerial Marketing Pros AMP 360, L	LC Firm/Company
	_7600 Alico Rd Unit #1279	
		Address
	Fort Myers, FL 33912	City/State and Zip Code
.A.	MP360CJ@Gmail.com E-mail address: (to be us	ed for future annual report notification)
For fur	ther information concerning this matter, pla	ease call:
Christ	opher Marrinan at (  Name of Person	530 ) 334-6776 Area Code Daytime Telephone Number
Enclos	ed is a check for the following amount:	
☑ \$125.6	0 Filing Fee & Certificate of Status	S155.00 Filing Fee & S160.00 Filing Fee, Certified Copy (additional copy is enclosed)  S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address Registration Section	Street/Courier Address Paginterion Section
	Division of Corporations	Registration Section Division of Corporations
	P.O. Box 6327	Clifton Building
	Tallahassee, FL 32314	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:		
Aerial Marketing Pros AMP 360, LLC (Must end with the words "Lir	mited Liability Company, "L.L.C.," or "L	1.C.")
ARTICLE II - Address: The mailing address and street address of the princi	•	
Principal Office Address:	Mailing Address:	
7600 Alico Rd Unit #1279 Fort Myers, FL 33912	7600 Alico Rd Unit #1279 Fort Myers, FL 33912	
ARTICLE III - Registered Agent, Registered Of (The Limited Liability Company cannot serve as its another business entity with an active Florida regist	own Registered Agent. You must design	ate an individual or
17	- J Marrinan Name	
7600 Alico Rd Unit #1279 Florida street address (P.O	. Box NOT acceptable)	
Fort Myers City	FL 33912 Zip	
Having been named as registered agent and to acce the place designated in this certificate, I hereby a capacity. I further agree to comply with the provis of my duties, and I am familiar with and accept th	accept the appointment as registered agen sions of all statutes relating to the proper a	t and agree to act in this and complete performance
Registered Agent's S	Signature (REQUIRED)	
CONT	TINUED)	FEB
Page	e l of2	IB AH 8: 58

"AMBR" = Authorized Member "MGR" = Manager  MGR  Christopher J Marrinan  7600 Alico Rd Unit #1279  Fort Myers, FL 33912   (Use attachment if necessary)  E V: Effective date, if other than the date of filling:  (OPTIONAL)  ective date is listed, the date must be specific and cannot be more than five business days prior to off filing.)  E VI: Other provisions, if any.  EVI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a member or an authorized representative of a member.  (In accordance with a cition 605.0203 (1) (b), Florida Statutes, the execution of this docume constitutes an alignation under the penalities of perjuny that the facts stated herein are true. I am aware that only a sprovided for in s.817.155, F.S.)  Christopher J Marrinan  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)	NAL)	i			
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