## L 15000136081

(Re	questor's Name)	
(Ad	dress)	_
(Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Na	me)
(Do	cument Number	
Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	

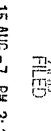


Office Use Only



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## COVER LETTER

	egistration Section ivision of Corporations		
SUBJECT	IMG MEDIA LLC		
SOBJECT		Limited Liabili	ity Company
The enclos	ed Articles of Organization and fee(s)	) are submitted	for filing.
Please retu	rn all correspondence concerning this	matter to the f	ollowing:
	HILLARY SMITH		
		Name of	Person
	IMG MEDIA LLC		
		Firm/Co	mpany
	1351 NE 214 ST		
		Addr	ess
	MIAMI, FL 33179		
	5 1 7 2 0	City/State an	
•	E-mail address: (to be us	MB14, COM sed for future a	nnual report notification)
For further in	nformation concerning this matter, ple	ease call:	
	ELILDO AZEVEDO	305	409-4497
	Name of Person	Area Code	Daytime Telephone Number
Enclosed is	s a check for the following amount:		
\$125.00 Fi	iling Fee \$130.00 Filing Fee & Certificate of Status	Certific	10 Filing Fee & \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address  New Filing Section  Division of Corporations P.O. Box 6327		Street Address  New Filing Section  Division of Corporations  Clifton Building
	Tallahassee, FL 32314		2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

APPROVEL AND FILED

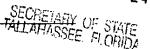
ARTICLE I - Name	A	RT	ICL	ÆΙ	- N	ame	:
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The name of the Limited Liability Company is:

15 AUG -7 PH 3: 24

IMG MEDIA LLC

(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>Pr</u>	incipal Office Address:		Mailing Address:		
1351 NE 214 ST			1351 NE 214 ST		
MIAMI, FL 33	MIAMI, FL 33179		IIAMI, FL 33179		
(The Limited Liability Con another business entity wit	d Agent, Registered Office npany cannot serve as its own han active Florida registration treet address of the registere HILLARY SMITH	n Registered Agen on.) ed agent are:	gent's Signature: t. You must designate an individual or		
		Name			
	1351 NE 214 ST				
	Florida street address (P.O. Box NOT acceptable)				
	MIAMI	FL	33179		
	City	State	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 605, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

,	The name and address	of each person authorized	to manage and control the	- 1.11	ipany+/
	Title:		Name and Address:	15 AUG - 7 P	<i>=U</i>
	"AMBR" = Authorized	Member		7 7 00	la .
	"MGR" = Manager MGR		HILL ADV CANTH	SECON	7 3, <sub>21.</sub>
	MOK	-	HILLARY SMITH 1351 NE 214 ST	ALLANDON CO	<u>~</u> _~
			MIAMI, FL 33179	THE PAY	SEVE
	AMBR		ELILDO AZEVEDO	~	**************************************
	AINDR	<del>-</del>	1351 NE 214 ST		<del></del>
			MIAMI, FL 33179		
		-			<del></del>
			<u></u>		
		-	<u></u>	<u>.</u>	<del></del>
	(Use attachment if nece	• .			
(If an effe the date o <u>Note:</u> If	ective date is listed, the of filing.) The date inserted in this	date must be specific and block does not meet the	:d cannot be more than fiv applicable statutory filing r	e business days prior	to or 90 days after
the docur	ment's effective date on	the Department of State	's records.		
ARTICL	E VI: Other provisions,	if any.			
,	REQUIRED SIGNAT	FURE:			
	This do I am av	ocument is pexecuted in ac vare that any false information	r an authorized represent cordance with section 605, ation submitted in a document as provided for in s.817.15	0203 (1) (b), Florida S ent to the Department	Statutes. of State
	<del>.</del>	HILLARY SMITH			
		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)