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(Re	questor's Name)	
(Ad	dress)	
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PICK-UP	☐ WAIT	MAIL
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(Do	cument Number)	
Certified Copies	_ Certificates	of Status
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COVER LETTER

TO:	Registration Section Division of Corporations
	Viktorija Morgan Entertainment LLC
SUBJE	Name of Limited Liability Company
The en	closed Articles of Organization and fee(s) are submitted for filing.
Please	return all correspondence concerning this matter to the following:
	Matthew P. Molle
	Name of Person
	JRM Financial Associates
	Firm/Company
	3706 N. Roosevelt Bld, Suite 208
	Address
	Key West, FL 33040
	City/State and Zip Code
	mmolle@jrmfinancialassociates.com
	E-mail address: (to be used for future annual report notification)
For furth	ner information concerning this matter, please call:
	Matthew Molle 305 501-2766 extension 103
	at () Name of Person Area Code Daytime Telephone Number
	Name of reison Area Code Dayume Telephone Number
Enclose	ed is a check for the following amount:
\$125.0	10 Filing Fee \$\ \text{S130.00 Filing Fee & Certificate of Status} \ \text{S155.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed)} \ \text{Certified Copy (additional copy is enclosed)} \ Certified Copy (additional copy is e

Mailing Address

13

New Filing Section ◆ Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address
New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

SECRETARY OF STATE TALLAHASSEE FLORIDA

A	RT	CI	F	Y _ 1	Nα	me.

The name of the Limited Liability Company is:

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Viktorija Morgan Entertainment 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:

Mailing Address:
2023 Flagler Avenue
Apt B
Key West, FL 33040

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:

JRM Financial Asso	ciates, LLC	
	Name	" - 1
3706 N. Roosevelt E	Ilvd, Suite 208	
Florida street addres	ss (P.O. Box <u>NOT</u> ac	cceptable)
Key West	FL	33040
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

Title:	Name and Address:	
"AMBR" = Auth	orized Member	
"MGR" = Manag		
MGR	Viktorija Morgan	or D
	2023 Flagler Avenue Al	PT B
		
	<u></u>	
ctive date is liste		. (OPTIONAL)
EV: Effective date is lister of filling.) the date inserted nent's effective of	f necessary) te, if other than the date of filing: d, the date must be specific and cannot be more than five in this block does not meet the applicable statutory filing late on the Department of State's records.	(OPTIONAL) ve business days prior to or 9
E V: Effective detective date is lister of filing.) the date inserted ment's effective of E VI: Other prov	f necessary) te, if other than the date of filing: d, the date must be specific and cannot be more than five in this block does not meet the applicable statutory filing late on the Department of State's records. sions, if any.	(OPTIONAL) ve business days prior to or 90 requirements, this date will no
EV: Effective date is listed filling.) the date inserted ment's effective of EVI: Other prov	f necessary) te, if other than the date of filing: d, the date must be specific and cannot be more than five in this block does not meet the applicable statutory filing late on the Department of State's records. sions, if any.	(OPTIONAL) ve business days prior to or 90 requirements, this date will no
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E V: Effective date is listed filing.) the date inscreed ment's effective of E VI: Other proversely.	f necessary) te, if other than the date of filing: d, the date must be specific and cannot be more than five in this block does not meet the applicable statutory filing late on the Department of State's records. sions, if any. GNATURE: Signature of a member or an authorized represent this document is executed in accordance with section 605 am aware that any false information submitted in a document.	(OPTIONAL) ve business days prior to or 9 requirements, this date will no tative of a member0203 (1) (b), Florida Statutes. nent to the Department of State 55, F.S.

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