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COVERLETTER

TO: New Filing Section Division of Corporations				
SUBJECT: Viral Promo	Hions LLC			
	Name of Limited Liability Comp	pany		
The enclosed Articles of Organization	on and fee(s) are submitted for filing	g.		
Please return all correspondence cor	seerning this matter to the following	g:	\ >	अस्य तस्य 🧸 हा
·	Montrell Harris			
<u>,, , , , , , , , , , , , , , , , , , ,</u>	Name of Person	-		
	121 RAY RD		_	
	Address			
	N: 51 272	ci .		
	City/State and Zip C	<u>51</u>		
λ ή:	ontrell Harrisame (c	.ooe n <i>∨</i> M		
	ress: (to be used for future annual re		-	
•	•	•		
For further information concerning to				
Montrell Harris	<u>at (950) 55</u>	4-8959		
Name of Perso		rtime Telephone Number	× <u>&</u>	प्रदेश हमस्त ६ ३
Enclosed is a check for the following	ng amount:			
\$125.00 Filing Fee \$\sqrt{\$130.00}	Filing Fee & \$155.00 Filin	ng Fee & S160.00 Filing Fee,		
Certifi	cate of Status ——Certified Cop (additional copy	by — Certificate of Status	S.	
	(additional copy	(additional copy is encl	osed)	
Mailing Addres		Address		
New Filing Scott		Filing Section ion of Corporations		
Division of Cor P.O. Bax 6327		ion of Corporations in Building		
Tallahassee, FL		Executive Center Circle		

Tallahassee, FL 32301

P.O. Box 6327 Tallahassee, FL 32314

प्राच्या स्वस्तर । स

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name: The name of the Limited Liability Company is:				
(Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")	_			
(Must contain the words "Limited Liability Company," D.E.C., or about				
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:				
Principal Office Address: Mailing Address:				
121 RAY RD QUINCY FL 323SI . SAME	-			
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.)	SECRETARY ALLAHASSE	2018 MAR 12	=	
The name and the Florida street address of the registered agent are: Name	OF STATES FLORE	PH 2: 4	D	
121 LAY (2D	<u> </u>	_		
Florida street address (P.O. Box NOT acceptable)				٠
(Juincy FL 32351				
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)

ARTICLE IV- The name and address of each person author	rized to manage and control the Limited Liability Company:	
Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address: Montrell Harris 121 244 20 QUINCY FL 32551	८५ - ध्रेट व्यक्त (V
		· · · · · · · · · · ·
	et the applicable statutory filing requirements, this date will n	•
ARTICLE VI: Other provisions, if any.		
This document is execute	nber or an authorized representative of a member. id in accordance with section 605.0203 (1) (b), Florida Statute information submitted in a document to the Department of Sta	ss.
constitutes a third degree	felony as provided for in s.817.155, F.S. A FY BIL MAY Y S	٠

Filing Fees:

Typed or printed name of signee

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)