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COVER LETTER

	New Filing Section Division of Corporations		
CHD IF	GOLDMAN SOCIAL MEDIA LL	С	
SUBJEC		imited Liability Company	_
The encl	osed Articles of Organization and fee(s)	are submitted for filing.	
Please re	turn all correspondence concerning this	matter to the following:	
	TANIA PERERA		
		Name of Person	
	CONFIDENTIAL ACCOUNTING		50 5
	.	Firm/Company	To all
	6140N US HIGHWAY 41		
	· · · · · · · · · · · · · · · · · · ·	Address	
	APOLLO BEACH, FL 33572		8 AUG -8 PM TO
	MAIL OCONGIDENTIAL ACCOUNT	City/State and Zip Code	 ;
	MAIL@CONFIDENTIALACCOUN E-mail address: (to be use	ed for future annual report notification)	_
For further	information concerning this matter, plea	ase call:	
	TANIA PERERA	813 641-3603	
	Name of Person	Area Code Daytime Telephone Number	_
Cl	in a deal Carde Cillerian and		
	is a check for the following amount: Filing Fee \$\int \text{S130.00 Filing Fee & Certificate of Status}	Certified Copy Certifical (additional copy is enclosed) Certified	Filing Fee, te of Status & Copy copy is enclosed)
	Mailing Address New Filing Section	Street Address New Filing Section	
	Division of Corporations P.O. Box 6327 Tallahassee, F1, 32314	Division of Corporations Clifton Building 2661 Executive Center Circle	

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:					
The name of the Limited Liability	y Company is:				
GOLDMAN SOCIAL	L MEDIA LLC	Liability Compan	y, "L.L.C.," or "LLC.")	<u> </u>	
ARTICLE II - Address: The mailing address and street ad	Idress of the principal o	ffice of the Limit	ed Liability Company is	s:	
<u>Princips</u>	al Office Address:		Mailing A	<u>address</u> :	
9915 SMARTY JON	ES DRIVE				
RUSKIN, FL 33573	±				
ARTICLE III - Registered Age (The Limited Liability Company another business entity with an a	cannot serve as its own	Registered Agen	ent's Signature: You must designate a	n individual or	FILL 18 18 32
The name and the Florida street a	address of the registered	d agent are:			3
	NISHANTHA PERE	ERA		_	<u> </u>
		Name		•	د. چره
	6140N US HIGHWA	AY 41		_	2
	Florida street address	s (P.O. Box <u>NOT</u>	acceptable)		
	APOLLO BEACH, F	FL 33 .5 72		_	
	City	State	Zip		
laving been named as registered a place designated in this certificate, urther agree to comply with the pro im familiar with and accept the obj	I hereby accept the apportions of all statutes re	ointment as regist elating to the prop	ered agent and agree to er and complete perfort	act in this capacity. I mance of my duties, and I	

(CONTINUED)

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

TALADON A A TANAMAN	
"AMBR" = Authorized Member	
"MGR" = Manager AMBR	KEVIN D HUGHES-STOWE
AWIDK	9915 SMARTY JONES DRIVE
	RUSKIN, FL 33573
AMBR	MID-ASAD YUSUPOV
	112N, 12TH STREET, APT 2214
	TAMPA, FL 33602
(Use attachment if necessary)	
LEV: Effective date, if other than the date	e of filing: <u>8/7/2018</u> . (OPTIONAL)
of filing.)	meet the applicable statutory filing requirements, this date will not of State's records.
of filing.) If the date inserted in this block does not rument's effective date on the Department LE VI: Other provisions, if any.	meet the applicable statutory filing requirements, this date will not
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