

11/29/2018

Division of Corporations

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To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : FL PATEL LAW PLLC
Account Number : I20170000097
Phone : (727)279-5037
Fax Number : (727)888-1294

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: webmaster@dynamicmedia.io

FLORIDA LIMITED LIABILITY CO.
Dynamic Media LLC

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

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NOV 29

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COVER LETTER

November 27, 2018

To: New Filing Section
Division of Corporation

Subject: Dynamic Media LLC
Name of Limited Liability Company

The enclosed Articles of Organization and Fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following:

Kalpesh J. Patel, Esq.
FL Patel Law PLLC
360 Central Avenue
8th Floor
St. Petersburg, Florida 33701
Fax: 727-888-1294

For further information concerning this matter, please call or e-mail:

Kalpesh Patel at 727-279-5037 or e-mail at contact@flpatellaw.com.

Enclosed is our fax filing coversheet for \$130.00 for Filing Fee & Certificate of Status

FL Patel Law PLLC

18 NOV 29 PM 8:08
RECEIVED
DIVISION OF CORPORATION
STATE OF FLORIDA

Articles Of Organization
For
Dynamic Media LLC
A
Florida Limited Liability Company

ARTICLE I

Name

The name of the Limited Liability Company is: Dynamic Media LLC (the Company).

ARTICLE II

Address

The mailing address and street address of the principal office of the Company is 13799 Park Blvd N #206, Seminole, Florida 33776.

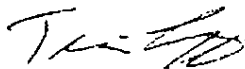
ARTICLE III

Registered Agent, Registered office, & Registered Agent's Signature:

The name and the Florida Street Address of the Registered Agent are:

Travis Lockett
801 West Bay Drive #200
Largo, Florida 33770

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..



(sign)

(CONTINUED)

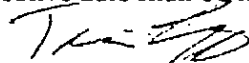
ARTICLE IV:

The Name and Address of each person authorized to manage and control the Limited Liability Company:

<u>Title</u>	<u>Name and Address</u>
AMBR = Authorized Member MGR = Manager	
<u>AMBR</u>	<u>Travis Lockett</u> 801 West Bay Drive #200 Largo, Florida 33770
<u>AMBR</u>	<u>Michael Gallagher</u> 14893 Seminole Trail Seminole, Florida 33776

ARTICLE IV:

The Effective date shall be the date of filing.



(sign)

Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.
I am aware that any false information submitted in a document to the Department of State
constitutes a third degree felony as provided for in s.817.155, F.S.

Travis Lockett

Authorized Representative/Member

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RECEIVED