

11/29/2018

Division of Corporations

State of Florida Department of State  
 Division of Corporations  
 Electronic Filing Cover Sheet

**L180003394313**

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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
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Estimated Charge	\$130.00

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 FLORIDA  
 DIVISION OF CORPORATIONS

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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  
8<sup>th</sup> 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](mailto:contact@flpatellaw.com).

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

**FL Patel Law PLLC**

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FL PATEL LAW PLLC  
1000 360 Central Avenue  
St. Petersburg, FL 33701  
727-888-1294

**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.

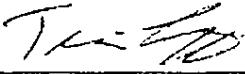
**ARTICLE III**

**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)**

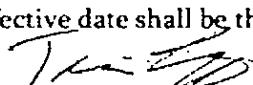
## ARTICLE IV:

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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 2018