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(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP		MAIL
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(Dc	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
	Office Use On	ly

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COVER LETTER

TO: New Filing S	New Filing Section
	Division of Corporations

Interactive Social Media and Marketing

SUBJECT:

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:

Katrina Knight

Name of Person

Firm/Company

7496 Hunters Greene Cir.

Address

Lakeland, Fl 33810

City/State and Zip Code

Interactivesocial.m.m@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Katrina Knight	863 7097020 at (
Name of Person		Felephone Number
Enclosed is a check for the following at	ioum:	
\$125.00 Filing Fee \$130.00 Fili Certificate of		Certificate of Status &
Mailing Address	Street Addr	<u>uss</u>
New Filing Section	New Filing S	ection
Division of Corporat	ons Division of O	Torporations
P.O. Box 6327	Clifton Build	ling
Tallahassee, FL 3231	4 2661 Execut	ive Center Circle
	Tallahassee.	FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Interactive Social Media and Marketing, LLC

(Must contain 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:

Principal Office Address:	Mailing Address:	
7496 Hunters Greene Cir	7496 Hunters Greene Cir	
Lakeland, FL 33810	Lakeland, FL 33810	

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 anoth :/ business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

Katrina Knight		
	Name	
7496 Hunters Gree	ne Cir.	
Florida street addr	ess (P.O. Box <u>NOT</u> at	cceptable)
Lakeland	FI	33810
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 gnature (REQUIRED)

(CONTINUED)



ARTICLE IV-

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

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
<u></u>	
(Use attachment if necessary)	

ARTICLE V: Effective date, if other than the date of filing: _______. (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:	
Signature of a member of an authorized representative of a mem	
This document is executed in accordance with section 605.0203 (1) (b). Flo I am aware that any false information submitted in a document to the Depar constitutes a third degree felony as provided for in s.817.155, F.S.	orida Statutes.
Typed or printed name of signee	
Filing Fees:	51
\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent	
\$ 30.00 Certified Copy (Optional)	in C
\$ 5.00 Certificate of Status (Optional)	
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