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## "COVER LETTER

TO: New Filing Section

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Division of Corporations				
SUBJECT: RPH Video and Talent Services, 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:				
Ryan P. Hughes Name of Person				
Firm/Company				
912 Channelside Prive Unit 2706				
Tampa FL 33602  City/State and Zip Code  (Yan Dhughe S 8/ E gmail, com  E-mail addresse (to be used for future annual report notification)				
E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Pyan Hughes at 215 7 04 - 3182  Name of Person Area Code Daytime Telephone Number				
Enclosed is a check for the following amount:				
\$125.00 Filing Fee Certificate of Status  S155.00 Filing Fee Certified Copy (additional copy is enclosed)  \$160.00 Filing Fee, Certified Copy (additional copy is enclosed)				
Mailing AddressStreet AddressNew Filing SectionNew Filing SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle Tallahassee, FL 32301				

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

RPH Vio	leo and Talen	+ Services,	LLC	
(Must contai	n the words "Limited Liability C	Company, "L.L.C.," or "LLC.")		
ARTICLE II - Address: The mailing address and street add	dress of the <del>pri</del> ncipal office of th	e Limited Liability Company is	:	
<u>Principal</u>	Office Address:	Mailing A	ddress:	
912 Channe	Iside Drive	912 Chan	nelside Drive	
Unit 270	33662	Unil 270		
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.)				
The name and the Florida street ac			AKA AKA	1
	Kyan P. H	de Prive u	- 2709 B 9: 9: 9: 9: 9: 9: 9: 9: 9: 9: 9: 9: 9:	•
	Name	1 0:	2 2 6	į,
	912 Channels,	de Vrive u	11 LT 29 8	
	Florida street address (P.O. Bo			
	Tampa F	L 3360.	2	

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..

City

egisiered Agent's Signature (REQUIRE

(CONTINUED)

State -

Zip

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

Title: "AMBR" = Authorized Member	Name and Address:		
"MGR" = Manager	Ryan P. Hughes  9/2 Channelside Drive  Voit 2706  Tampa FL 33662		
	SECRLIARY OF STAT		
(Use attachment if necessary)	TATE		
he date of filing.)	I cannot be more than five business days prior to or 90 days after applicable statutory filing requirements, this date will not be listed as		
This document is executed in acc	an authorized representative of a member. cordance with section 605.0203 (1) (b), Florida Statutes. tion submitted in a document to the Department of State is provided for in s.817.155, F.S.		
Ryan P. Typed	or printed name of signee		

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)