(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	#)
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer	
-		
<u></u>		
-	Office Use Onl	v



900336828339

11/12/19--01001--015 **125.00

∍ ay 1 3 2019

Advanced Incorporating Service

1317 California Street P.O. Box 20396 Tallahassee, FL 32316 Phone: 850-222-CORP Fax: 850-575-2724 Email: orders@aisincfl.com Website: www.aisincfl.com

FOR OFFICE USE ONLY
PICK ONE:
CERTIFIED COPYPHOTOCOPYC.U.S.
FILING:
CORPORATIONLLCLIMITED PARTNERSHIPGENERAL PARTNERSHIP
FICTITIOUS NAMESERVICEMARK/TRADEMARKAMENDMENT
FOREIGN QUALIFICATIONJUDGMENT LIEN
OTHER
RETRIEVAL:
GOOD STANDING CERT/C.U.SCERTIFIED COPYPHOTOCOPY
Of
APOSTILLE/CERTIFICATION REQUEST:
Country
Amount of Documents
DATE
Notes:

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability	Company is:			
Chung Media, LLC (Must contain	n the words "Limited I	iability Company	y, "L.L.C" or "Ll.C.")	
ARTICLE II - Address: The mailing address and street add	dress of the principal o	ffice of the Limite	ed Liability Company is:	
Principal Office Address:			Mailing Address:	
4493 Diamond Circle Sarasota, FL 34233	Fast	<u>Sa</u>	me	
ARTICLE III - Registered Ages (The Limited Liability Company of another business entity with an ac-	cannot serve as its own ctive Florida registration	Registered Agent m.)	gent's Signature: t. You must designate an individual or	
Daniel Burton Name				
4493 Diamond Circle Fast Florida street address (P.O. Box NOT acceptable)				
	Sarasota	FL	34233	
	City	State	Zip	
place designated in this certificate.	I hereby accept the app ovisions of all statutes h ligations of my position	ountment as registic elating to the prop as xegistered ager	the above stated limited liability company at the tered agent and agree to act in this capacity. I per and complete performance of my duties, and in as provided for in Chapter 605, F.S	
(CONTINUED)				

FILED
2015 NOV -8 PH 2: 23
THULKERESELT LONG.

ARTICLE IV-The name and address of each person authorized to manage and control the Limited Liability Company: Name and Address: "AMBR" = Authorized Member "MGR" = Manager Catherine Chung MGR _____ 4493 Diamond Circle East Sarasota, FL 34233 (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 repriser 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. Catherine Chung

Filing Fees:

Typed or printed name of signee

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

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)