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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

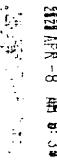
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APR 142000 T. SCOTT



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TO: **New Filing Section Division of Corporations** The enclosed Articles of Organization and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Robert RATaif MEDIA MARKETING NINJA
FIRM/Company 7008 HAMMOCK TRUCE DRIVE Address E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Rate of Person Area Code Daytime Telephone Number Enclosed is a check for the following amount: □\$125.00 Filing Fee □\$130.00 Filing Fee & □\$155.00 Filing Fee & □\$160.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & (additional copy is enclosed) Certified Copy ALEANAT (additional copy is enclosed)

Mailing Address

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

New Filing Section Division The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303 Media Marketing Ninja

4/8/2020

Robert Ratcliff

70008 Hammock Trace Drive

Melbourne, Florida 32940

Tyrone

DOS.myflorida.com

To whom it may concern,

Filled back in January for my LLC by mail and paid filling fee of \$130 with cashier's check.

Document # W2000004352

Filing date 01/22/2020

Rejected Filing

MEDIA MARKETING NINJA, LLC PLEASE CALL TYRONE AT 8502456805 FORM NOT CORRECT AND NO RETURN ADDRESS

Dolt Math

Please help me and complete my LLC filing please, thank you.

Media Marketing Ninja

Robert Ratcliff

7008 Hammock Trace Drive

Melbourne, Florida 32940

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

· · · · ·	
MEDIA MARKETINA	Miria LLC
(Must conatin the words "Limited Liability Comp	pany, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal office of the Lin	nited Liability Company is:
Principal Office Address:	Mailing Address:
7008 HAMMOCK TRACE DAI	ve C

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 address of the registered agent are:

Sch PATCLIFF

Name

Plorida street address (P.O. Box NOT acceptable)

MUBOURUE

7. 32940

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 Agent's Signature (REQUIRED)

(CONTINUED)

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
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	·
MGR	Robert Ratciff
	Massuria 62 32940
	Malbaraci G 729UN
	2 3 170
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(Use attachment if necessary)	
EV: Effective date, if other than the da	ute of filing:(OPTIONAL)
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\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

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ARTICLE IV-

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