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To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
Account Number : I20000000019
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**FLORIDA LIMITED LIABILITY CO.
GALZMEDIA LLC**

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

*** PLEASE FILE 2-1-21**

THANK YOU

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TALLAHASSEE, FLORIDA

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ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: EFFECTIVE DATE: FEB 1ST, 2021
The name of the Limited Liability Company is: (Must end with the words "Limited Liability Company," "LLC," or "LLC.")

GALZmedia LLC

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

936 SW 1st Ave

Suite 889

Miami, FL 3313

ARTICLE III - Registered Agent, Registered Office:

The name and the Florida street address of the registered agent are: (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 Artistic Master LLC

936 SW 1st Ave, Suite 889

Miami, FL 3313

ARTICLE IV-

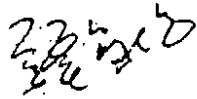
The name and title of each person authorized to manage and control the Limited Liability Company:

The Artistic Master - AMBR

Jennifer Phagan - AMBR

Florina Valeanu - AMBR

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Required Signatures:

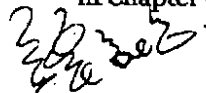
Signature of a member or an authorized representative of a member.

In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.

Gwennie Tam

Typed or printed name of signee

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)

ALLAHASSEE, FLORIDA

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