## L2 O Forida D parti ent State División of Corporations Electronic Filming Companies

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000000019
Phone : (305)552-5973
Fax Number : (305)675-5944

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Enail	Address	•		<u></u>		_
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## FLORIDA LIMITED LIABILITY CO. CRM MEDIA, LLC

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

2021 HAR 25 PM 4: 22

ARTICLE 1 - Name:

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:			
CRY Media, LLC			
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Li Company is:	ability		
4941 SW 745d		·	
Miam: FL 33155			
			<del></del>
ARTICLE III - Registered Agent, Registered Office: The name and the Florida street address of the registered agent are: (The Limbed Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)	Liability		
Nolson Salazar			_
4941 SW 745 ct.		<u> </u>	- Trans
Migmi FL 33155			_
ARTICLE IV  The name and title of each person authorized to manage and control the Limi Liability Company: (MGR or AMBR)	ited	21	
Notion Salazar MGR	<u> </u>	0021 H/NR	***
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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.

Typed or printed name of signed

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. E.S..

Registered Agent's Signature (REQUIRED)

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