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## CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Broadcast Investments	, LLC			
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				Art of Inc. File
				LTD Partnership File
				Foreign Corp. File
				L.C. File
				Fictitious Name File
				Trade/Service Mark
				Merger File
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		,		RA Resignation
				Dissolution / Withdrawal
				Annual Report / Reinstatement
				Cert. Copy
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				Certificate of Good Standing
				Certificate of Status
			<u> </u>	Certificate of Fictitious Name
				Corp Record Search
			<b>]</b>	Officer Search
				Fictitious Search
Signature				Fictitious Owner Search
<b></b>				Vehicle Search
				Driving Record
Requested by: SETH	03/30/21			UCC 1 or 3 File
Name	Date	Time		UCC 11 Search
, carrie	Duce	, , , , ,		UCC 11 Retrieval
Walk-In	Will Pick Up			Courier

ARTICLES OF ORGANIZATION FOR FLORIDA	A LIMITED LIABILITY COMPANY	and the same
he mailing address and street address of the principal office of the Limited Liability Company is:  Principal Office Address:  Mailing Address:	2021 HAR 31 AH II: 05 SECREMENT HE STATE	
Broadcast Investmen	nts, LLC	SECALIDAT OF STATE TALLARASATE, FL
(Must contain the words "Limited Liability	Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address of the principal office of the	he Limited Liability Company is:	
Principal Office Address:	Mailing Address:	
6174 9th Ave Cir NE	6174 9th Ave Cir NE	
Bradenton, FL 34212	Bradenton, FL 34212	<del></del>

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:

Blalock Walters, P.A.

Name

802 11th Street West

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

Bradenton FL 34205

City State Zip

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..

(CONTINUED)

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:	
"MGR" = Manager		
MGR	Nick Branica 6174 9th Ave Cir NE Bradenton, FL 34212	
MGR	Tonie Branica 6174 9th Ave Cir NE Bradenton, FL 34212	
<del> </del>		SECVE OF THE SECVE
		TESTATE TO THE STATE OF THE STA
(Use attachment if necessary)		STATE STATE
date of filing.)	specific and cannot be more than five business days prior to one meet the applicable statutory filing requirements, this date will not of State's records.	
REQUIRED SIGNATURE:	112	
	100 / Dames	
This document is exec I am aware that any fal	némber or an authorized representative of a member. outed in accordance with section 605.0203 (1) (b), Florida Stati lise information submitted in a document to the Department of S ree felony as provided for in s.817.155, F.S.	
	Nick Branica, Manager 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)

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

ARTICLE IV-