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COVER LETTER

TO: New Filing Section
Division of Corporations

MEI SUBJECT:	RAKI MEDIA GROUP LLC		
.,013,1,011	Name of Lim	ited Liability Company	
	les of Organization and fee(s) are		2021 16.12 15
		tter to the whoming.	
Cristal	C. Mircea		
		Name of Person	.9
		Firm/Company	
114 43	rd Avenue SW		
		Address	
Vero l	Beach, Ft. 32968		
merakir	Ci nediagroupem@gmail.com	ity/State and Zip Code	
	E-mail address: (to be used	for future annual report notificati	ion)
For further informat	on concerning this matter, please	call:	
Cristal	Mircea 77		
	Name of Person Ar	ea Code Daytime Telephon	e Number
Enclosed is a check	c for the following amount:		
□\$125.00 Filing I	Fee □\$130.00 Filing Fee & Certificate of Status	□\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	■\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
<u> </u>	Mailing Address	Street Address	

New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 New Filing Section Division The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

MERAKI MEDIA GROUP LLC	
(Must contain the words "Limited	Liability Company, "L.L.C.," or "LLC.")
LE II - Address:	
ling address and street address of the principal o	
	office of the Limited Liability Company is: Mailing Address: 114 43RD AVENUE SW

The name and the Florida street address of the registered agent are:

Cristal C. Mircea		
	Name	
114 43RD AVENUE	·	
Florida street address	s (P.O. Box <u>NOT</u> ac	cceptable)
VERO BEACH	FL	32968
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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

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

Title:	Name and Address:
"AMBR" = Authorized Member "MGR" = Manager	
	CONCURATE CONTRACTOR
AMBR	CRISTAL C. MIRCEA 114 43RD AVENUE
	VERO BEACH, FL 32968
	
(Use attachment if necessary)	
·	
ARTICLE V: Effective date, if other than the da	tte of filing: (OPTIONAL)
(If an effective date is listed, the date must be the date of filing.)	specific and cannot be more than five business days prior to or 90 days after
	t meet the applicable statutory filing requirements, this date will not be listed a
the document's effective date on the Departmen	
ADTICLE VI. Other and discussions.	
ARTICLE VI: Other provisions, if any.	
REQUIRED SIGNATURE:	
RECORED SIGNATURE:	J-City
Signature of a-	nember or an authorized representative of a member.
	cuted in accordance with section 605.0203 (1) (b). Florida Statutes.
	ree felony as provided for in s.817.155, F.S.
02.10.10	
<u>Cristal C. Mirc</u>	Typed or printed name of signee
	•• •

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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)