

L21000248089

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

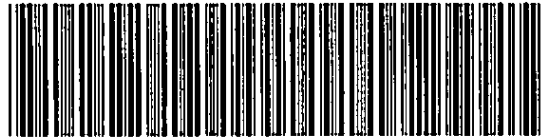
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2021 MAY -4 PM 2:24
MASSACHUSETTS

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: PROMOTERK LLC

Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Mark McMillan

Name of Person

Law Office of Liu & Associates

Firm/Company

5050 West Colonial Drive

Address

Orlando, Florida 32808

City/State and Zip Code

mark.mcmillan@liulawfirmusa.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

mark mcmillan

407

930 - 8082

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$125.00 Filing 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)

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

2021 MAY -14 PM 2:26

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

PROMOTERK LLC

(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 Limited Liability Company is:

Principal Office Address:

PROMOTERK, LLC
1750 N. FLORIDA MANGO ROAD, SUITE 408
WEST PALM BEACH, FLORIDA 33409

Mailing Address:

PROMOTERK, LLC
1750 N. FLORIDA MANGO ROAD, SUITE 408
WEST PALM BEACH, FLORIDA 33409

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:

XI LI

Name

400 CORSAIR DR

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

NORTH PALM BEACH FLORIDA 33408

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)

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FLORIDA SECRETARY OF STATE

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:

MGR

XI LI

400 Corsair Dr

North Palm Beach, Florida 33408

AMBR

ZHANGYI HU

1750 N. Florida Mango Rd., Suite 408

West Palm Beach, Florida 33408

AMBR

QING CHENG

1750 N. Florida Mango Rd., Suite 408

West Palm Beach, Florida 33408

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:

Xi Li

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

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.
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.

XI LI

Typed or printed name of signer

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)

2021 MAY -4 PM 2:24
FILED
CLERK OF THE
DEPARTMENT OF
STATE
TALLAHASSEE, FLORIDA