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(((H21000249828 3)))



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June 29, 2021

FLORIDA DEPARTMENT OF STATE
Division of Corporations

360 CORPORATE SOLUTIONS LLC

SUBJECT: LACTM ATTITUDE MEDIA GROUP LLC

REF: W21000093654

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The name of the entity and other information must be composed or comprised solely of letters, numerals, characters, or symbols found on a standard American or U.S. qwerty keyboard. Please amend the document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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Shareta Backey Regulatory Specialist II FAX Aud. #: H21000249828 Letter Number: 921A00014784

COVER LETTER

| | w Filing Se vision of Co | | | | | |
|-----------------|-----------------------------|-------------------------------------|----------------------|--|------------------------------|---|
| SUBJECT: | | Media Group, LLC | 2 | | | |
| SUBJECT. | | Nai | ne of Limited | Liability Compa | any | |
| The enclose | d Articles of | f Organization and | fee(s) are sub | mitted for filing. | - | |
| Please return | all corresp | ondence concernir | ng this matter t | o the following: | | |
| • | Lendy Pach | o | | | | |
| - | ···· | <u>-</u> | Na | me of Person | | |
| : | 360 Corpora | ite Solutions, LLC | | | | |
| - | · - | | Fi | rm/Company | | |
| ; | 2600 S. Dou | iglas Road, Ste 80 | 0 | | | |
| - | | | | Address | _ | |
| (| Coral Gable | s, FL 33134 | | | | |
| • | | | City/St | ate and Zip Cod | e | |
| <u>lp</u> | acho@gemi | _ - | | | | · · · · · · · · · · · · · · · · · · · |
| | | E-mail address: (to | | | ort notifical | ion) |
| For further inf | ormation co | ncerning this matt | er, please call: | | | |
| L | endy Pacho | ı | 305 at (| 529-544 | 10 | |
| - | Nam | e of Person | _ ` | ode Daytim | e Telephon | e Number |
| Enclosed is a | check for t | he following amou | int: | | | |
| □\$125.00 F | | □\$130.00 Filin Certificate of S | g Fee & [tatus (| □\$155.00 Filing Certified Copy ditional copy is c | | ☐\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
| | | g Address | | Street Add | | |
| | | iling Section on of Corporations | | | g Section Di e of Tallaha | |
| | | ox 6327 | | | | et. Suite 810 |
| | Tallah | assee, FL 32314 | | Tallahasse | e, FL 3230. | 3 |

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| L'attitude Media Group, LLC | 120 0 20 20 20 20 20 20 20 20 20 20 20 20 |
|--|---|
| (Must contain the words "Limited Lia | ability Company, "L.L.C.," or "LLC.") |
| E II - Address: | |
| ng address and street address of the principal offic | ce of the Limited Liability Company is: |
| Point office Address | Reciling Address. |
| Principal Office Address: | Mailing Address: |
| 17864 NW 15 Court | 17864 NW 15 Court |
| 1700717 15 00011 | |

2600 S Douglas Rd., Ste 800

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

Coral Gables FL 33134

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..

Name

360 Corporate Solutions, LLC

Registered Agent's Signature (REQUIRED)

(CONTINUED)

| 360 Corporate Solut | ions, LLC | |
|----------------------|----------------------------|------------|
| | Name | |
| 2600 S Douglas Rd. | . Stc 800 | |
| Florida street addre | ss (P.O. Box <u>NOT</u> as | eceptable) |
| Coral Gables | FL | 33134 |
| 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 | | |
|---|--|---|
| The name : | and address of each person | authorized to manage and control the Limited Liability Company: |
| <u>Title:</u> "AMBR" = "MGR" = 1 | † Authorized Member Manager | Name and Address: |
| | | Richard L. Sanchez Jr 17864 NW 15 Court Pembroke Pines, Ff. 33020 |
| | | |
| | | |
| | | |
| | | |
| (Use attach: | | |
| ARTICLE V: Effect (If an effective date is the date of filing.) Note: If the date inst | eve date, if other than the da is listed, the date must be s crited in this block does not tive date on the Departmen | ment the annual to 3.3 |
| ARTICLE V: Effect (If an effective date is the date of filing.) Note: If the date inse the document's effect ARTICLE VI: Other | eve date, if other than the da is listed, the date must be s crited in this block does not tive date on the Departmen | ment the new Part 1 |
| ARTICLE V: Effect (If an effective date is the date of filing.) Note: If the date inse the document's effect ARTICLE VI: Other | eve date, if other than the date in the date must be serted in this block does not tive date on the Department provisions, if any. D. SIGNATURE: | meet the applicable statutory filing requirements, this date will not hat of State's records. |
| ARTICLE V: Effect (If an effective date is the date of filing.) Note: If the date inse the document's effect ARTICLE VI: Other | eve date, if other than the day listed, the date must be serted in this block does not tive date on the Department provisions, if any. D SIGNATURE: Signature of a many any any any any any any fair | ment the new Part 1 |