Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : Ft PATEL LAW PLLC Account Number : I20170000097 Phone : (727)279-5037

Fax Number : (727)888-1294

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. Supportia flpatellaw.com

Email Address:

FLORIDA LIMITED LIABILITY CO.

AL Media, LLC

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



COVER LETTER

Tuesday, January 11, 2022

To: New Filing Section
Division of Corporation

Subject: AL MEDIA, 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:

FL Patel Law PLLC
360 Central Avenue
8th Floor
St. Petersburg, Florida 33701
Fax: 727-888-1294
For further information concerning this matter, please call or e-mail:

Enclosed is our fax filing coversheet for \$130.00 for Filing Fee & Certificate of Status

Jamie Primeau 727-279-5037 or e-mail at Support@tlpatellaw.com

FL Patel Law PLLC

ARTICLES OF ORGANIZATION

FOR

AL MEDIA, LLC

A FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I. Name

The name of the Limited Liability Company is: AL Media, LLC (the "Company").

ARTICLE II. Address

The principal office and mailing address of the Company is:

4604 49th Street North Suite 1112 St Petersburg, Fl 33709

ARTICLE III. Registered Agent, Registered Office, & Registered Agent's Signature

The name and the Florida Street Address of the Registered Agent are:

FLP RA Services LLC 360 Central Avenue Suite 800 Saint Petersburg, FL 33701

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.

Ada Reyes
______(sign)
FLP RA Services LLC

ARTICLE IV. Authorized Members and Managers

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	
MGR	Allison Kropff 4604 49th Street North Suite 1112 St Petersburg, FL 33709

ARTICLE V.

The Effective date shall be the date of filing.			
9W (sign)	ļ .	2022 JAW	
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, 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.		1. PH 12: 30	
Allison Kropff			
Authorized Representative/Member			