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(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone #)	
PICK-UP	MAIT	MAIL
(Bu	siness Entity Name)	
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Office Use Only



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S. CHATHAM

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CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195
REFERENCE : 382631 8212701
AUTHORIZATION: Truelle Relace
COST LIMIT : \$ 125.00
ORDER DATE : January 17, 2023
ORDER TIME : 2:20 PM
ORDER NO. : 382631-005
CUSTOMER NO: 8212701
DOMEGRIC BILING
DOMESTIC FILING
NAME: THE MEANING CHANNEL GROUP LLC
EFFECTIVE DATE:
ARTICLES OF INCORPORATION
CERTIFICATE OF LIMITED PARTNERSHIP
XX ARTICLES OF ORGANIZATION
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:
CERTIFIED COPY XX PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING
CONTACT PERSON: Alexxis Weiland - EXT.
EXAMINER'S INITIALS:

COVER LETTER

	lew Filing Sec Division of Co					
SUBJECT		NING CHANNEI	_GROUP	LLC		
Sobarci		Nan	ne of Limi	ted Liabilit	y Company	
The enclos	sed Articles of	Organization and	fce(s) are	submitted t	or filing.	
Please retu	ırn all correspo	ondence concernin	g this matt	er to the fo	llowing:	
	YANIV JAC	СОВІ				
		-		Name of I	Person	
				Firm/Con	npany	
	340 ROYAI	. POINCIANA W	AY, SUIT	E 324-841		
				Addre	SS	
	PALM BEA	CH, FLORIDA 3.	3480			
	NIV@ROYA	LAGECOM	City	y/State and	Zip Code	
			be used fo	or future an	nual report notificati	on)
For further i	nformation co	ncerning this matte	er, please o	call:		
	YANIV JAC	ОВІ	310 at (310-9701	
	Nam	e of Person		a Code	Daytime Telephon	e Number
Enclosed is	s a check for t	ne following amou	nt:			
□\$125.00	Filing Fee	□\$130.00 Filin Certificate of St	tatus	Certifie	00 Filing Fee & d Copy copy is enclosed)	□\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
		g Address			treet Address	
		iling Section on of Corporations			lew Filing Section Di The Centre of Tallaha	
	P.O. B	ox 6327			415 N. Monroe Stree	
	tanana	assee, FL 32314		1	allahassee, FL 3230.	ַ

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	HANNEL GROUP LLC			
(Must con	atin the words "Limited	Liability Compa	.ny, "L.L.C" or "LLC.")	
ARTICLE II - Address: The mailing address and street a	ddress of the principal o	office of the Lim	ited Liability Company is:	
<u>Princi</u> g	oal Office Address:		Mailing Address:	
340 ROYAL POINCE PALM BEACH, FL	ANA WAY, SUITE 324-8 ORIDA 33480		940 ROYAL POINCIANA WAY, SUITE 3 PALM BEACH, FLORIDA 33480	
ARTICLE III - Registered Ag (The Limited Liability Company another business entity with an The name and the Florida street	y cannot serve as its owr active Florida registration	n Registered Age on.) d agent are:	agent's Signature: nt. You must designate an individu	al or
		Name		: •
	1201 Hays Street			-
	Florida street addres	s (P.O. Box <u>NO</u>	T acceptable)	•
	Tallahassee	FL	32301	
	City	State	Zip	
		ointment as regi	the above stated limited liability co stered agent and agree to act in this oper and complete performance of m ent as provided for in Chapter 605, i	capacity. 1 ly duties, and

(CONTINUED)

ARTICLE IV-

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

		Name and Address:	
	authorized Member		
"MGR" = Ma	mager		
mgr		YANIV JACOBI	
		340 ROYAL POINCIANA WAY, SUITE 324-841	
		PALM BEACH, FLORIDA 33480	
			 -
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EV: Effective ective date is	ent if necessary) e date, if other than th listed, the date must	he date of filing: (OPTIONAL) t be specific and cannot be more than five business days prior to	or 90 day
LE V: Effective date is of filing.) If the date inserment's effection	e date, if other than th listed, the date must ted in this block doe	he date of filing:	or 90 day
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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)