

L23000214926

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

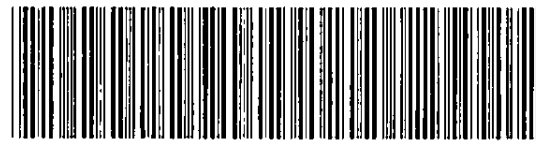
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Instructions to Filing Officer:

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**CORPORATE  
ACCESS,  
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**WALK IN**

**PICK UP:** 5/1 GLINDA

- ☐ **CERTIFIED COPY** \_\_\_\_\_
- xx** **PHOTOCOPY** \_\_\_\_\_
- ☐ **CUS** \_\_\_\_\_
- xx** **FILING** DOMESTIC LLC \_\_\_\_\_

1. **RADICAL MEDIA GROUP, LLC**  
(CORPORATE NAME AND DOCUMENT #)
2. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
3. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
4. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
5. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
6. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

**SPECIAL  
INSTRUCTIONS:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLES OF ORGANIZATION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

**RADICAL MEDIA GROUP, LLC.**

**ARTICLE II - Address:**

The mailing address and street address of the principal office of the Limited Liability Company is:

**Principal Office Address:**

**9000 SHERIDAN STREET STE 138**

**PEMBROKE PINES, FL 33024**

**Mailing Address:**

**PO BOX 1791**

**HERNDON, VA 20172**

**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

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

**RCG ACCOUNTING & ASSOCIATES, INC.**

**9000 SHERIDAN STREET SUITE 138**

**PEMBROKE PINES, FL 33024**

*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.*

/S/ DEBORAH RIOS

Registered Agent's Signature

(CONTINUED)

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**ARTICLE IV- Members/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

**AMBR**

**OMAR OROPESA  
PO BOX 1791  
HERNDON, VA 20172**

**ARTICLE V: EFFECTIVE DATE**

The effective date of this filing is April 28, 2023.

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SECTION 1791  
TAXPAYER'S SERVICE

REQUIRED SIGNATURE:

*/S/ Omar Oropesa*

(Digital Signature)

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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.

**/S/ OMAR OROPESA**

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Typed or printed name of signee