

L2300024/363

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

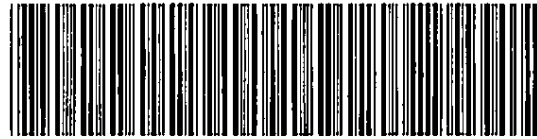
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Certified Copies _____

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SECRETARY
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2023 MAY 16 AM 10:31
TALLAHASSEE, FL

**CORPORATE
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INC.**

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XX CERTIFIED COPY _____

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☐ **CUS** _____

XX LLC

1. **PATRIOT ESCORTS, 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:**

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CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA

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

ARTICLE I - Name:

The name of the Limited Liability Company is:

PATRIOT ESCORTS, 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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SECOND DEPT. OF REVENUE
TALLAHASSEE, FLORIDA

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

**RADICAL MEDIA GROUP, LLC
PO BOX 1791
HERNDON, VA 20172**

MGR

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

MGR

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE V: EFFECTIVE DATE

The effective date of this filing is May 15, 2023.

REQUIRED SIGNATURE:

/S/ Omar Oropesa

(Digital Signature)

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

Typed or printed name of signee