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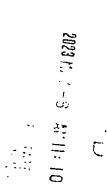
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COVER LETTER

TO:	New Filing Section Division of Corpor				
SUBJEC		al Marketing Solution	ons, LLC		
JOBJE	CT:	Name of	Limited Liabili	ty Company	
The encl	osed Articles of Org	anization and fee(s)	are submitted	for filing.	
Please re	eturn all corresponde	ence concerning this	matter to the fo	ollowing:	
	Stefani Johnsen				
			Name of	Person	<u> </u>
	Valhalla Digital	Marketing Solution	s, LLC		
			Firm/Co	npany	
	5204 Round Lai	ce Road			
			Addre	ess	
	Apopka, FL 327	12			
	stefani@valhallad	lmr aam	City/State and	l Zip Code	
			sed for future a	nnual report notification	
For furthe	r information concer			•	,
	Paul Sutherland		407	803-5400	
	Name of		Area Code	Daytime Telephone	Number
Enclosed	l is a check for the fo	ollowing amount:			
	00 Filing Fee	\$130.00 Filing Fee Certificate of Status	Certific	.00 Filing Fee & d Copy I copy is e nclosed)	☐\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed
	P.O. Box 6	Section f Corporations	· -	Street Address New Filing Section Dir The Centre of Tallaha 2415 N. Monroe Stree Tallahassee, FL 3230	ssee a, Suite 810

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liabili	ty Company is:			
Valhalla Digital Ma	rketing Solutions, LLC			
		Liability Comp	oany, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street a	ddress of the principal o	ffice of the Lir	nited Liability Company is:	
Princip	al Office Address:		Mailing Ad	dress:
5204 Round Lake R	oad		5204 Round Lake Road	
Apopka, FL 32712			Apopka, FL 32712	
The name and the Florida street	Stefani Johnsen 5204 Round Lake Ro	Name		
	Florida street addres	s (P.O. Box N	OT acceptable)	
	Apopka	FL	32712	
	City	State	Zip	
Having been named as registered of place designated in this certificate further agree to comply with the plan familiar with and accept the old	, I hereby accept the appo rovisions of all statutes re	ointment as reg clating to the p	ristered agent and agree to a roper and complete perform	ct in this capacity. I ance of my duties, and I ter 605, F.S
				04 / 25 / 2023
	Regist	ered Agent's S	ignature (REQUIRED)	-
		(CONTINU	ED)	



ARTICLE IV-

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

AMBR Stefani Johnsen 5204 Round Lake Road Apopka, FL 32712 AMBR Jaclyn Johnsen 5204 Round Lake Road Apopka, FL 32712 AMBR Andrew Zondag 5204 Round Lake Road Apopka, FL 32712 AMBR Andrew Zondag 5204 Round Lake Road Apopka, FL 32712 Jse attachment if necessary) V: Effective date, if other than the date of filing:	<u>Title:</u> "AMBD" = A.,	thorized Member	Name and Address:	
AMBR Stefani Johnsen 5204 Round Lake Road Apopka, FL 32712 AMBR Jaclyn Johnsen 5204 Round Lake Road Apopka, FL 32712 AMBR Andrew Zondag 5204 Round Lake Road Apopka, FL 32712 AMBR Andrew Zondag 5204 Round Lake Road Apopka, FL 32712 AMBR Andrew Zondag 5204 Round Lake Road Apopka, FL 32712 We date is listed, the date must be specific and cannot be more than five business days prior to or 90 celling.) The date inserted in this block does not meet the applicable statutory filing requirements, this date will not lend's effective date on the Department of State's records. VI: Other provisions, if any. EQUIRED SIGNATURE: O4 / 25 / 2023 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. Stefani Johnsen Typed or printed name of signce Filing Fees: \$30.00 Certified Copy (Optional) \$5.00 Certified Copy (Optional)				
AMBR Jaclyn Johnsen Jaclyn J		C	Stefani Johnsen	
AMBR Jaclyn Johnsen 5204 Round Lake Road Apopka, FL 32712 Andrew Zondag 5204 Round Lake Road Apopka, FL 32712 Andrew Zondag 5204 Round Lake Road Apopka, FL 32712 Je attachment if necessary) V: Effective date, if other than the date of filing:			5204 Round Lake Road	
AMBR Andrew Zondag 5204 Round Lake Road Apopka, FL 32712 Andrew Zondag 5204 Round Lake Road Apopka, FL 32712 V: Effective date, if other than the date of filing: (OPTIONAL) tive date is listed, the date must be specific and cannot be more than five business days prior to or 90 of filing. the date inserted in this block does not meet the applicable statutory filing requirements, this date will not lent's effective date on the Department of State's records. VI: Other provisions, if any. EOUIRED SIGNATURE: O4 / 25 / 2023 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. Stefanj Johnsen Typed or printed name of signee Filling Fees: \$30.00 Certified Copy (Optional) \$5.00 Certificate of Status (Optional)			Apopka, FL 32712	
Andrew Zondag \$204 Round Lake Road Apopka, FL 32712 Jee attachment if necessary) V: Effective date, if other than the date of filing:	AMBR			
Andrew Zondag 5204 Round Lake Road Apopka, FL 32712 V: Effective date, if other than the date of filing:				
Jse attachment if necessary) V: Effective date, if other than the date of filing:			Арорка, Р. 52/12	-
Apopka, FL 32712 V: Effective date, if other than the date of filing:	<u>AMBR</u>		Andrew Zondag	
V: Effective date, if other than the date of filing:				
V: Effective date, if other than the date of filing:			Apopad, 11. 32712	
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