124-0052424

(Requestor's Name)		
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PICK-UP WAIT MAIL		
(Business Entity Name)		
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Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		

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11/28/24--01038--010 **130.00

COVER LETTER

TO: New Filing Section Division of Corporations
SUBJECT: Blocal Dissonn Education & Entertainment Network LL 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:
Michael S. Smith Name of Person
(albert Diasporth Flucation & Intertailment Network LLC)
5/D Wickham Rd Apt. 255
Address
Melbourne, FU 32935 City/State and Zip Code
Lavers coop Gmil-com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Michael S. Smith at (850) 603-9532 - Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□\$125.00 Filing Fee □\$130.00 Filing Fee & □\$155.00 Filing Fee & □\$160.00 Filing Fee, Certificate of Status
Mailing Address Street Address

New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 New Filing Section Division The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

preferre d
(&) preferred
and Entertwhment Network LLC
lity Company, "L.L.C.," or "LLC.")
of the Limited Liability Company is:
Mailing Address: 5 510 Wickhum rd. Apt. 255 Melbourne FL 32935
gistered Agent's Signature: stered Agent. You must designate an individual or
nt are: 5 - 5 mills

SIO WILTHAM Fol Apt. 255

Florida street address (P.O. Box NOT acceptable)

Melboure FL 32535

City State Zip

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. Thereby accept the appointment as registered agent and agree to act in this capacity. T 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 far in Chapter 605, F.S.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

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

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
(Use attachment if necessary)	//^
the date of filing.)	ecific and cannot be more than five business days prior to or 90 days after neet the applicable statutory filing requirements, this date will not be listed as
ARTICLE VI: Other provisions, if any.	or state s records.
REQUIRED SIGNATURE:	7.5-()
This document is execut I am aware that any false constitutes a third degree	ember or an authorized representative of a member. ted in accordance with section 605.0203 (1) (b), Florida Statutes, a information submitted in a document to the Department of State are felony as provided for in s.817.155, F.S.
_Micha	Typed or printed name of signee

Filing Fees: S125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)