Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (855)330-1010

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email	Address:			
CINGTL	AUUI 655;			

FLORIDA LIMITED LIABILITY CO. Socialforge LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

Electronic Filing Menu

Corporate Filing Menu

Help

$ARTICLES \, OF \, OR GANIZATION \, FOR \, FLORIDA \, LIMITIED \, LIABILITY \, COMPANY$

ARTICLE I - Name:

The name of the Limited Liability Company is:

Socialforge LLC (Must conta	in the words "Limited L	iability Company,	"L.L.C.," or "Ll.C.")			
ARTICLE II - Address:	ldraga af tha mainainal af	Was af the Limited	Liebility Commany in			
The mailing address and street ad	dress of the principal of	nce of the Lunited	Clautity Company is.			
<u>Principa</u>	l Office Address:		Mailing Address:			
7901 4th St N STE 30	10	7901	4th St N STE 300			
St. Petersburg, FL 33	702	St. P	etersburg, FL 33702			
ARTICLE III - Registered Age (The Limited Liability Company another business entity with an a	cannot serve as its own I	Registered Agent. \	nt's Signature: You must designate an individual or		2021 JAN	J.
The name and the Florida street a	-			AHASSE AHASSE	AN 12	1°
-	address of the registered	agent are:		AHASSE!	12	
-	-	agent are:		VHASSEL TO	12 PM	
-	Registered Agents Inc 7901 4th St N STE 30	agent are: Name	reentable)	ANASEL LESSENAN	12	
-	Registered Agents Inc	agent are: Name	eceptable)	WASSEN TO SEE	12 PM	
-	Registered Agents Inc 7901 4th St N STE 30	agent are: Name	cceptable)	AHASSET TO THE	12 PM	

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..

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>	Name and Address:
"AMBR" = Authorized	Member
"MGR" = Manager	
AMBR	Keegan Hislon
AMDK	7901 4th St N STE 300
	St. Petersburg, FL 33702
	3c. Fetersoong, CE 33702
ANADD	Rvan Jablonowski
AMBR	7901 4th St N STE 300
	St. Petersburg. FL 33702
	Ot. Tetersone, The cover
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(Use attachment if neces	
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effective date is listed, the te of filing.) If the date inserted in this	ther than the date of filing:
	·
CLE VI: Other provisions, i	f any.
promises don a	Mine
REQUIRED SIGNATI	UKE:
	$D = \mathcal{P}_{I}$
	Kiling lank.
	gnature of a member or an authorized representative of a member.
	cument is executed in accordance with section 605.0203 (1) (b), Florida Statutes.
I am aw	
	are that any false information submitted in a document to the Department of State
constitu	are that any false information submitted in a document to the Department of State tes a third degree felony as provided for in s.817.155, F.S.
constitu	are that any false information submitted in a document to the Department of State

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)