ARTICLES OF ORGANIZATION

Select one. This form may be used for:

☒ ARIZONA LIMITED LIABILITY COMPANY (A.R.S. §29-632)
☐ ARIZONA PROFESSIONAL LIMITED LIABILITY COMPANY (A.R.S. §29-841.01)

1. The name of the organization:

A. LLC Name Reservation File Number (if one has been obtained - if not, leave this line blank).

B. MARSON MEDIA LLC

2. Known place of business in Arizona (if address is the same as the street address of the statutory agent, write “same as statutory agent”). DO NOT LEAVE THIS SECTION BLANK:

Address 4144 N 44TH ST SUITE A 2
City Phoenix State AZ Zip 85018

3. The name and street address of the statutory agent in Arizona:

Name Barrett Mason
Address 4144 N 44TH ST SUITE A 2
City Phoenix State AZ Zip 85018

Acceptance of Appointment by Statutory Agent:

Barrett Mason, having been designated to act as (print name of the Statutory Agent)
Statutory Agent, hereby consent to act in that capacity until removed or resignation
is submitted in accordance with the Arizona Revised Statute.

Agent Signature: [Signature]

If the statutory agent is an entity, please print the company name here.
4. Professional LLCs only – Professional Services - the Professional Limited Liability Company will provide the following professional services:

[Blank]

5. Life Period of the Limited Liability Company: check one:

☐ The LLC will dissolve on __/__/____ (Please enter month, day and four digit year)
☐ The Limited Liability Company life period is Perpetual.

6. Management Structure: (check one box only) A.R.S. §29-632(5)

A. ☐ RESERVED TO THE MEMBERS
   IF RESERVED TO THE MEMBERS, DON'T CHECK ANY MANAGER BOXES.

B. ☐ VESTED IN ONE OR MORE MANAGERS
   IF VESTED IN THE MANAGER(S), AT LEAST ONE NAME BELOW MUST HAVE THE MANAGER BOX CHECKED.

Name [Signature] Name [Signature]

[Signature] Manager (only if "B" is selected above) [Signature]

Address: [Signature] Address: [Signature]

City, State, Zip: [Signature] City, State, Zip: [Signature]

[Signature] Manager (only if "B" is selected above) [Signature]

Address: [Signature] Address: [Signature]

City, State, Zip: [Signature] City, State, Zip: [Signature]

7. Signature

Signed on this date: 12 - 2 - 2023 (mm/dd/yyyy).
Signature: [Signature] Print Name [Signature]

If signing on behalf of a company, please print the company name here.

Phone Number: 602-743-4120 Fax Number:
EXECUTION

In accordance with 28 U.S.C. § 1746, and subject to the penalties of 18 U.S.C. § 1001 and 22 U.S.C. § 618, the undersigned swears or affirms under penalty of perjury that he/she has read the information set forth in this statement filed pursuant to the Foreign Agents Registration Act of 1938, as amended, 22 U.S.C. § 611 et seq., that he/she is familiar with the contents thereof, and that such contents are in their entirety true and accurate to the best of his/her knowledge and belief.

Date  Printed Name  Signature
10-6-23  Bear Mai  [Signature]