

L15000095797

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

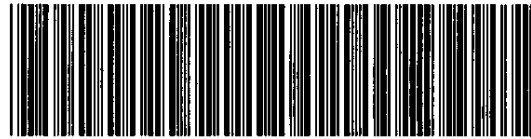
Special Instructions to Filing Officer:

Senelle gave perm.  
to correct dec.  
Added title + address  
to AMBR.

WIS - 33726

Office Use Only

*[Handwritten signature]*



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06/03/15--01002--007 \*\*130.00

FILED  
15 JUN - 1 PM 2:43  
MILWAUKEE, WI

M. MILLIGAN  
EXAMINER

JUN - 3 2015



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 12, 2015

JENELLE ERICKSON BOYD  
3048 FOURTH STREET  
ST. AUGUSTINE, FL 32084

SUBJECT: THE SONGWRITER'S STUDIO OF NASHVILLE, "L.L.C."  
Ref. Number: W15000033726

RECEIVED  
15 JUN - 1 PM 3:45  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

We have received your document for THE SONGWRITER'S STUDIO OF NASHVILLE, "L.L.C.", however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check or money order** made payable to the Department of State for \$130.00.

Please provide the title and address of the person authorized to manage and control the limited liability company under article IV.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Michelle Milligan  
Senior Section Administrator

Letter Number: 515A00009968

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: The Songwriter's Studio of Nashville**  
Name of Limited Liability Company

RECEIVED  
TALLAHASSEE, FLORIDA  
15 MAY -8 AM 10:49

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jenelle Erickson Boyd  
Name of Person

The Songwriter's Studio of Nashville  
Firm/Company

3048 Fourth Street  
Address

St. Augustine, Florida, 32084  
City/State and Zip Code

ericksonjenelle@hotmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jenelle Erickson Boyd at ( 973 ) 879-9598  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- \$125.00 Filing Fee
- \$130.00 Filing Fee & Certificate of Status
- \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)
- \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

**Mailing Address**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street/Courier Address**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

The Songwriter's Studio of Nashville, "L.L.C"

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

**ARTICLE II - Address:**

The mailing address and street address of the principal office of the Limited Liability Company is:

**Principal Office Address:**

3048 Fourth Street  
St. Augustine, Fla. 32084

**Mailing Address:**

3048 Fourth St.  
St. Augustine, Fla. 32084

**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

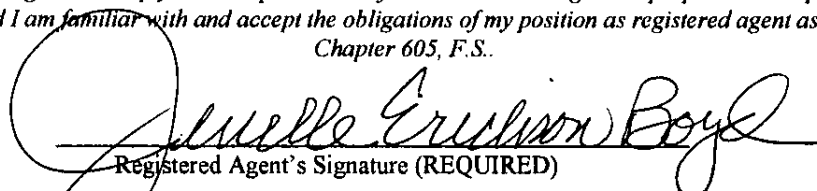
The name and the Florida street address of the registered agent are:

Jenelle Erickson Boyd  
Name

3048 Fourth Street  
Florida street address (P.O. Box **NOT** acceptable)

St. Augustine                      FL 32084  
City    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, 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)

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15 JUN - 1 PM 2:49  
TALLAHASSEE, FLORIDA

**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

*AMBR*

**Name and Address:**

Jenelle Erickson Boyd

*3048 Fourth St.  
St. Augustine, FL 32084*

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(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**ARTICLE VI:** Other provisions, if any.

\_\_\_\_\_  
\_\_\_\_\_

**REQUIRED SIGNATURE:**

*Jenelle Erickson Boyd*

Signature of a member or an authorized representative of a member.  
(In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.)

*Jenelle Erickson Boyd*

Typed or printed name of signee

**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)

FILED  
15 JUN -1 PM 2:49  
DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA