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(Re	questor's Name)	
(Ad	dress)	
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PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	ocument Number)	· · · · · · · · · · · · · · · · · · ·
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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COVER LETTER

TO:	Registration Section Division of Corporations	
CIIDI	Boom Boom Room Radio & Recording Studio JECT:	s
SUBJI	Name of Limited Liab	oility Company
The en	enclosed Articles of Organization and fee(s) are submitte	ed for filing.
Please	se return all correspondence concerning this matter to the	e following:
	Kenneth R. Taurisano	
	Name (of Person
	Boom Boom Room Firm/	RADIO 3 Recording Shore
	13070 91st St.	
	Ad	dress
	Lago (1 337	73
	Booin Boom Room 727 @	and Zin Code
	E-mail address: (to be used for future	annual report notification)
For furtl	rther information concerning this matter, please call:	
	Kenneth Tourisono at (727	204 2620
	Name of Person Area Code	Daytime Telephone Number
Enclos	osed is a check for the following amount:	
]\$125.0	Certificate of Status Cert	5.00 Filing Fee & S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address	Street Address
	New Filing Section Division of Corporations	New Filing Section Division of Corporations
	P.O. Box 6327	Clifton Building
	Tallahassee, FL 32314	2661 Executive Center Circle

Tallahassee, FL 32301

$\textbf{ARTICLES} \ \textbf{OF} \ \textbf{ORGANIZATION} \ \textbf{FOR} \ \textbf{FLORIDA} \ \textbf{LIMITED} \ \textbf{LIABILITY} \ \textbf{COMPANY}$

ARTICLE I - Name:

The name of the Limited Liability Company is:

(Must er	nd with the words "Limited Liability Co	mpany, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and stree	t address of the principal office of the L	imited Liability Company is:
<u>Princ</u>	ripal Office Address:	Mailing Address:
13070	915+ St. #503B	U
	33773 Agent, Registered Office, & Registere	
ARTICLE III - Registered A (The Limited Liability Compa another business entity with a	Agent, Registered Office, & Registered any cannot serve as its own Registered An active Florida registration.) et address of the registered agent are:	Agent. You must designate an individuator
ARTICLE III - Registered A (The Limited Liability Compa another business entity with a	Agent, Registered Office, & Registere in active Florida registration.) et address of the registered agent are: Yeare The Name	Agent. You must designate an individuation
ARTICLE III - Registered A (The Limited Liability Compa another business entity with a	Agent, Registered Office, & Registere any cannot serve as its own Registered An active Florida registration.) et address of the registered agent are: Kenneth Name 12207 105	Agent. You must designate an individuator.
ARTICLE III - Registered A (The Limited Liability Compa another business entity with a	Agent, Registered Office, & Registere in active Florida registration.) et address of the registered agent are: Yeare The Name	Agent. You must designate an individuator.

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)

Page 1 of 2

Title:	Name and Address:
"AMBR" = Authorized Member "MGR" = Manager	A
AM BR	Lisa Midkith
	1222 200 Coit Ry
	Clerwarn, 81 33764
fective date is listed, the date must	e date of filing: (OPTIONAL) be specific and cannot be more than five business days prior to or 90
LE V: Effective date, if other than the ffective date is listed, the date must e of filing.) If the date inserted in this block does ument's effective date on the Departure.	be specific and cannot be more than five business days prior to or 90 s not meet the applicable statutory filing requirements, this date will not
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