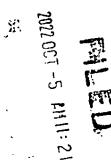
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(Ř	Requestor's Name)	
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Certified Copies	Certificates o	of Status
Special Instructions to F	Filing Officer:	





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COVER LETTER

TO: New Filing Section Division of Corporations
SUBJECT: MO Sound LLC, 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:
Arthur Hairstoni Name of Person
Firm/Company
3493 Fred George Rd. Address
Tallahassee Fl City/State and Zip Code Shix Lean Airston 1954 @ amail. Com E-majl address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Shirley Hairstodi (850) (31-75575) Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□\$125.00 Filing Fee Certificate of Status □\$155.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) □\$155.00 Filing Fee Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address

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New Filing Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address 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

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

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

Principal Office Address:

ARTICLE I - Name:

ARTICLE II - Address:

The name of the Limited Liability Company is:

3493 Fred George Rd Talla hasser, 77 30303	3493 Fred George Tallaharre 71 35303
ARTICLE III - Registered Agent, Registered Office, & Registered Liability Company cannot serve as its own Registernother business entity with an active Florida registration.)	
The name and the Florida street address of the registered agent	are:
Arthur Ho	airstan
3493. Fred G Florida street address (P.O.	
Tallahasses City s	71 3,2303 Siate Zip
Having been named as registered agent and to accept service of pupilice designated in this certificate, I hereby accept the appointment further agree to comply with the provisions of all statutes relating am familiar with and accept the obligations of my position, as regis	nt as registered agent and agree to act in this capacity. I to the proper and complete performance of my duties, and I

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Mailing Address:

ARTICLE IV- The name and address of each person	and the standard of the standard standard company.
<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
Manger	Arthur Hairston 3493 Fred George Pd. Fallahasser, F132305
1455'stant Manager	Shicky Hairston, 200 618 31. Hugustine 8-103 tallamsson, = 3230
	
(Lice attachment il necessorii)	
(Use attachment if necessary) ICLE V: Effective date, if other than the date feetive date is listed, the date must be	date of filing: 3 26 20 25 (OPTIONAL) especific and cannot be more than five business days prior to or 90 days
TCLE V: Effective date, if other than the date of effective date is listed, the date must be late of filing.) E: If the date inserted in this block does not document's effective date on the Department of the D	of meet the applicable statutory filing requirements, this date will not be li-
TCLE V: Effective date, if other than the description of filing.) e: If the date inserted in this block does not document's effective date on the Department of the Departmen	of specific and cannot be more than five business days prior to or 90 days of meet the applicable statutory filing requirements, this date will not be likent of State's records.
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REOURED SIGNATURE: Signature of a am aware that any forms of the date any forms of a am aware that any forms of a strict a third degree of the degree of a strict and a strict a strict a strict and a strict and a strict and a strict	member or an authorized representative of a member. cecuted in accordance with section 605.0203 (1) (b), Florida Statutes. also information submitted in a document to the Department of State gree felony as provided for in s.817.155, F.S. Typod or printed name of signec Filing Fees: Organization and Designation of Registered Agent [1]