

LO4000039636

Florida Department of State  
Division of Corporations  
Public Access System

Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

(((H04000112756 3)))

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

To:  
Division of Corporations  
Fax Number : (850)205-0383

From:  
Account Name : EMPIRE CORPORATE KIT COMPANY  
Account Number : 072450003255  
Phone : (305) 634-3694  
Fax Number : (305) 633-9696

RECEIVED  
04 MAY 25 PM 1:30  
DIVISION OF CORPORATION

FILED  
2004 MAY 25 A 10:02  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**LIMITED LIABILITY COMPANY**

**south beat records, llc**

Name Availability	
Document Examiner	DCC
Updater	DCC
Notary Public	DCC
Witness Agent	DCC

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

3

H04000112752

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

**SOUTH BEAT RECORDS, LLC**

**ARTICLE I**

The name of the Limited Liability Company shall: SOUTH BEAT RECORDS, LLC

**ARTICLE II**

The Company is organized for any legal and lawful purpose for which a limited liability company may be organized pursuant to the Act.

**ARTICLE III**

The mailing address and street address of the principal office of the Limited Liability Company is: 2900 NW 7<sup>TH</sup> STREET, MIAMI, FL 33125.

FILED  
MAY 25 A 10:02  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE IV**

The name and the Florida street address of the registered agent are:  
MICHAEL CEASE, 2900 NW 7<sup>TH</sup> STREET, MIAMI, FL 33125

H04000112752

H04 000 112756

CERTIFICATE OF DESIGNATION  
REGISTERED AGENT/REGISTERED  
OFFICE/MEMBER/REPRESENTATIVE

South Best Records, LLC  
(Name of Company)

Having been named as registered agent and to accept service of process for the above stated Limited Liability Company at the place designated in the articles of organization, 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.

Michael Cense  
Registered Agent

Lisa Rodriguez  
Signature of a member or an authorized representative of a member.

SECRETARY OF STATE  
TALLAHASSEE  
FLORIDA

2004 MAY 25 A 10:02

FILED

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Lisa Rodriguez  
Typed or printed name of signee

H04 000 112756