TRANSMITTAL LETTER Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 800003341288 -08/01/00--01007--002 ****78.75 ****78.75 KECORDS LLC 21.4100 SUBJECT: PROPOSED CORPORATE NAME I MUST INCLUDE SUFFIX 80000 -08/09/00 *****46.25 *****46.25 Enclosed is an original and one(1) copy of the articles of incorporation and a check for : \$\$7.50 \$78.75 **3** \$78.75 **\$70.00** Filing Fee, Filing Fee Filing Fee Filing Fee Certified Copy, 8 & Certified Copy & Certificate of Status & Certificate of 1 Status ADDITIONAL COPY REQUIRED BRETT ъE FROM: Name (Printed or typed) 25=1 8033 WOODFARE Ulo. City, State & Z 407-673-0598 Daytime Telephone number 00 SUV <u>ا</u> NOTE: Please provide the original and one copy of the articles. PH 10: 34 W-19142 OH

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

ORLANDO KECORDS, LLC

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ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is: 8033 WOODFARE CT. ORLANDO, FL 32817 P.O. Box 4476 32793-4476 WINTER PARK FL

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

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

BRETT A.H Name 8033 WOODFARE Florida street address (P.O. Box NOT acceptable) State, and 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 608, F.S.

Registered Agent's Signature

Article IV - Management (Check box if applicable.) The Limited Liability Company is to be managed by one manager or more managers an, is, therefore, a manager - managed company. Ş

addoff if an effective date is requested) (An additional article

Signature of a member or infauthorized representative of a member.

(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 trug.)

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Typed or printed name of signee

FILING FEES:

\$ 100.00 Filing Fee for Articles of Organization

- \$ 25.00 Designation of Registered Agent
- \$ 30.00 Certified Copy (OPTIONAL)
- 5.00 Certificate of Status (OPTIONAL)