

L 000000009801

Hi,

- I'm Filing 2 SEPERATE FORMS FOR  
2 of my (DBA-Sole Proprietorships) - to be changed to  
LLCs.

700003326717--3  
-07/18/00-01073-008  
\*\*\*\*160.00 \*\*\*\*160.00

MICHAEL O'BRIEN  
1324 SEVEN SPRINGS BLVD #304  
TRINITY, FL 34655  
(727) 372-2683

- I've included 2 FORMS + 2 CHECKS EACH FOR  
\$160.-

W-18502

- I ALREADY HAVE THE FICTITIOUS NAME FOR BOTH  
AND HAVE OPEN BANK ACCOUNTS FOR BOTH, if it matters

AMI / AMERICAN MUSIC INTERNATIONAL  
SDM / SOMOS OF MEDJUGORJE

I WOULD JUST ADD LLC TO THE END OF EACH

WCS/15  
FILED  
00 AUG 15 PM 2:01  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

Thank you.

*Michael O'Brien*  
727-372-2683

3p



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State

July 25, 2000

MICHAEL O'BRIEN  
1324 SEVEN SPRINGS BLVD.  
TRINITY, FL 34655

SUBJECT: SOM/SOUNDS OF JEDJUGORJE LLC  
Ref. Number: W00000018502

We have received your document for SOM/SOUNDS OF JEDJUGORJE LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

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) 487-6958.

Lee Rivers  
Document Specialist

Letter Number: 800A00040496

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00 AUG 15 PM 2:01  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

SOM / SOUNDS OF MEDJUGORJE LLC

**ARTICLE II - Address:**

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

1324 SEVEN SPRINGS BLVD. #304  
TRINITY, FL 34655

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

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

MICHAEL O'BRIEN  
Name  
1324 SEVEN SPRINGS BLVD  
Florida street address (P.O. Box **NOT** acceptable)  
TRINITY, FL FL 34655  
City, 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

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00 AUG 15 PM 2:01  
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TALLAHASSEE FLORIDA

**Article IV - Management (Check box if applicable.)**

The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

(An additional article must be added if an effective date is requested)

  
Signature of a member or an authorized 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 true.)

MICHAEL O'BRIEN  
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)

FILED  
00 AUG 15 PM 2:01  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA