

L01000003676

Requester's Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_ Phone # \_\_\_\_\_

Office Use Only

**CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):**

1. Commusic, LLC (Corporation Name) | \_\_\_\_\_ (Document #)
2. \_\_\_\_\_ (Corporation Name) | \_\_\_\_\_ (Document #) 200003810162--0  
-03/07/01--01052--006  
\*\*\*\*130.00 \*\*\*\*130.00
3. \_\_\_\_\_ (Corporation Name) | \_\_\_\_\_ (Document #)
4. \_\_\_\_\_ (Corporation Name) | \_\_\_\_\_ (Document #)

- Walk in     Pick up time     Certified Copy  
 Mail out     Will wait     Photocopy     Certificate of Status

**NEW FILINGS**

- Profit
- Not for Profit
- Limited Liability
- Domestication
- Other

**AMENDMENTS**

- Amendment
- Resignation of R.A., Officer/Director
- Change of Registered Agent
- Dissolution/Withdrawal
- Merger

**OTHER FILINGS**

- Annual Report
- Fictitious Name

**REGISTRATION/QUALIFICATION**

- Foreign
- Limited Partnership
- Reinstatement
- Trademark
- Other

STATE OF FLORIDA  
 TALLAHASSEE, FLORIDA  
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 FILED

SC

Examiner's Initials
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**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is: COMMUSIC, LLC

**ARTICLE II - Address:**

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



JOSEPH A LUNNEY  
15201 BALM WIMAUMA  
WIMAUMA, FL 33598-5505

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

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



JOSEPH A LUNNEY  
15201 BALM WIMAUMA  
WIMAUMA, FL 33598-5505

Florida street address (P.O. Box **NOT** acceptable)

FL

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..*

Joseph A Lunney  
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 and is, therefore, a manager - managed company.

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

Joseph A Lunney  
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.)

JOSEPH A LUNNEY  
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)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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THIS LLC IS AUTOMATICALLY DISSOLVED UPON THE DEATH OF JOSEPH A LUNNEY, OR, ONLY IN THE ABSENCE OF OUTSIDE DURESS, AT THE OPTION OF JOSEPH A LUNNEY.