

# LD1000018333

## COVER MEMO

Registration Section  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 33214

10/22

400004648204--4  
-10/22/01--01060--015  
\*\*\*125.00 \*\*\*125.00

Dear Sir or Madam,

FILED

Enclosed is Articles of Organization for Sound Perfection LLC, a new business that I am starting. As required, I am submitting the form and the \$125.00 for the Filing Fee and the Designation of Registered Agent. The address and daytime phone number for this limited liability company is:

Sound Perfection LLC  
8661 Southern Glen Dr.  
Jacksonville, FL 32256  
904-825-2032

I understand I will be informed in writing acknowledging the registration once complete.  
Thank you.

John Rowland  
President

FILED  
01 OCT 22 PM 3:21  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is: SOUND PERFECTION LLC

**ARTICLE II - Address:**

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

8661 Southern Glen Dr. Jacksonville FL 32256

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

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

JOHN ROWLAND  
Name

8661 SOUTHERN GLEN DR.  
Florida street address (P.O. Box **NOT** acceptable)

JACKSONVILLE FL 32256  
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.*

John Rowland  
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 therefore, a manager - managed company.

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

John Rowland  
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.)

JOHN ROWLAND  
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  
01 OCT 22 PM 3:22  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA