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To:

Division of Corporations

Fax Number : (850)205-0383

From:

Account Name : HUBCO

Phone

Account Number: 104662003400

: (516)935-3940

Fax Number

: (516)935-3088

## LIMITED LIABILITY COMPANY

Jobeshill Records, LLC

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	\$130.00

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name

The name of the Limited Liability Company is: Jobeshill Records, LLC

ARTICLE II - Address

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

17530 NW 11 Avenue Miami, FL 33169

ARTICLE III - Registered Agent, Registered Office & Registered Agent's signature The name and Florida street address of the registered agent are:

Rupert	reen
	Name
17530 N	W 11 Avenue
,	(P.O. Box or Mail Drop Box NOT Acceptable)
Miami, l	L 33169
	(City / State / 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.

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

Signature of a member or 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.)

WINSTON PEDDLER
Typed or printed name of signee