

**L03000005008**

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

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

☐ PICK-UP

☐ WAIT

☐ MAIL

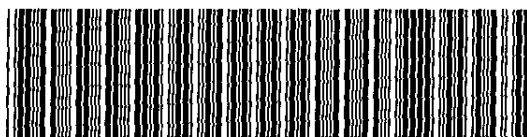
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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03 FEB 10 AM 10:04  
FALLASSEE, LOUISIANA

2/11  
*[Signature]*

David ST. Clair-Husbands  
1930 Blackfoot Trail  
Saint Cloud FL 34771

Tel\Fax 407 957 1912

Wednesday 5th February 2003

Registration Section  
Division of Corporations  
Post Office Box 6327  
Tallahassee, FL, 32314

Dear Sir/Madam,

Please find enclosed filing fees of \$125.00 which is for the following.

\$100.00 Filing Fee for Article of Organization  
\$25.00 Designation of Registered Agent

I look forward to receiving the documents shortly.

Yours Sincerely



Mr David ST Clair-Husbands

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TALLAHASSEE, FLORIDA

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

Hearken Music, L.L.C.

## ARTICLE II - Address:

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

1930 Blackfoot Trail, St. Cloud, FL 34771

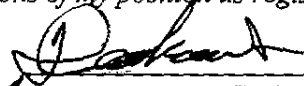
## ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

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


David St. Clair-Husbands  
Name  
1930 Blackfoot Trail  
Florida street address (P.O. Box **NOT** acceptable)  
St. Cloud, FL 34769  
City, State, and Zip

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*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

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

 Member  
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.)

David St. Clair-Husbands  
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)