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(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer: $3/3$ \mathcal{A} \mathcal{A}						
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TRANSMITTAL LETTER

то:		tion Section of Corporation	s					
SUBJE	CT:	Fishers	0£	Men	Records	LLC		
(Name of Limited Liability Company)								
The enc	iosed Art	icles of Organiz	ration an	d fee(s) ar	e submitted for t	filing.		
		Please r	eturn all	correspon	dence concernin	g this matter to the following:		
Vincent M. Cornelius II (Name of Person)								
	•				(Name of Person	n)		
Fishers Of Man Records, LLC (Firm/Company)								
					(Firm/Company	')		
18801 N.E. 3rd CT Apt 733								
					(Address)			
		N.M	<u>B</u> .	FL "	33179 City/State and Zip	Code		
				۷)	ity/State and Zip	Code)		
For furt	her infor	nation concerni	ng this r	natter, plea	ase call:			
Ur.	seldra	Sanedi (Name of Person	<u></u>		at (954	925 - 25 69 Code & Daytime Telephone Number)		

STREET ADDRESS:

Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399 MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:	
Fishers Of Man Records, LLC	<u> </u>
ARTICLE II - Address: The mailing address and street address of the principal office.	ce of the Limited Liability Company is:
Principal Office Address:	ailing Address:
18801 N.E. 3rd CT #733	SAME
N.M.B. FL 33179	· · · · · · · · · · · · · · · · · · ·
ARTICLE III - Registered Agent, Registered Office, & The name and the Florida street address of the registered agent Sandra Cornelius Reginal Name 2431 Bermuna Dr. Mir Florida street address (P.O. Box NOT and Miramar, [33023 FLORID City, State, and Zip)	stered Agent & Time of the stered Agent & Time o

W. . .

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, Florida Statutes..

Registered Agent's Signature

Page 1 of 2 (CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows: Name and Address: "MGR" = Manager "MGRM" = Managing Member (Use attachment if necessary) NOTE: An additional article must be added if an effective date is requested. REQUIRED SIGNATURE: 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.) Vincent M. Cornelius II 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)