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TRANSMITTAL LETTER

	istration Section asion of Corporations	
SUBJECT:	MILDRED KAYDEN MUSIC LLC (Name of Limited Liability Company)	
The enclosed	Articles of Organization and fee(s) are submitted for filing.	
	Please return all correspondence concerning this matter to the following: B. RAVINDRA RAO, CPA	
	(Name of Person)	
	RAO & RAO LLC	
	(Firm/Company)	
	550 MAMARONECK AVENUE, SUITE 404	
	(Address)	
	HARRISON, NY 10528	
	(City/State and Zip Code)	
For further in	nformation concerning this matter, please call:	- 91
B. RAY	VINDRA RAO at (914) 381-1010	<u>.</u>
	(Name of Person) (Area Code & Daytime Telephone Number)	
	F 55	

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

ARTICLE I - Name The name of the Limit	: ited Liability Company is:					
	MILDRED KAYDEN M	usic	LLC		 	<u></u> -
ARTICLE II - Addr The mailing address a	ress: and street address of the p	rincipal o	office of	the Limited I	Liability C	ompany is:
Principal Office Add	dress:		Mailin	g Address:		
10312 Shireoa	aks Lané		<u>c/o</u>	Rao & Ra	o LLC	
Boca Raton,	7L 33498		550 I	Mamaronec	k Ave.	, Suite
			Harr	ison, NY	10528	
	Mildred Kayden		3	= =	. LiF	
_	Name				3	Waterway
3	10312 Shireoaks Lanëc		}			ि≜ च्यारः शर्व कर्षाः शर्वा
_	Florida street address (P.	O. Box NO	OT accept	able)	į v	
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	City, State,		<u>OKION</u>	<u> </u>	· · ·	
	City, State, red agent and to accept sea	and Zip	_	or the abové s	tated limite	d liability
— g been named as registe any at the place designa	red agent and to accept se ted in this certificate, I her	and Zip rvice of p eby accep	process fo ot the ap	pointment as i	registered d	agent and
g been named as registe any at the place designa o act in this capacity. Ij	red agent and to accept set ted in this certificate, I her further agree to comply wi	and Zip rvice of p eby accep th the pro	process fo ot the ap ovisions	pointment as i of all statutes .	registered a relating to	agent and the proper
g been named as registe any at the place designa o act in this capacity. I omplete performance of	red agent and to accept se ted in this certificate, I her	and Zip rvice of p eby accep th the pro ar with a	process for the approvisions and accep	pointment as i of all statutes it the obligatio	registered a relating to	agent and the proper

Page 1 of 2 (CONTINUED)

Registered Agent's Signature

ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows: Title: Name and Address: "MGR" = Manager "MGRM" = Managing Member MGRM Mildred Kayden 10312 Shirkoaks Lang Boca Raton, FL 33498 MGR Bernard H. Kayden 10312 Shireoaks Lane Boca Raton, FL 33498 (Use attachment if necessary) NOTE: An additional apticle must be added if an effective date is requested. IJ REQUIRED SIGNATURE: (J

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)

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

Typed or printed name of signee

that the facts stated herein are true.)

MILDRED KAYDEN