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(Requestor's Name)
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Certified Copies Certificates of Status
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Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

October 21, 2004

Re: LLC Filing

Enclosed please find our business filing for "Nonsense Records, LLC." A check for \$130.00 has been enclosed for the following:

o Required filing fees - \$125.00

o Request for a Certificate of Status - \$5.00

Thank you for your prompt attention to this matter.

Sincerely,

Нао У. Do

Robert Kelly Shockley

TRANSMITTAL LETTER

Division of Corporations	
SUBJECT: Nonsense Records, 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:	
Hao X. Do	
(Name of Person)	
Nonsense Records, LLC	
(Firm/Company)	
P.O. Box 945	
(Address)	
Orlando, FL 32802	_
(City/State and Zip Code)	7 SF 9
For further information concerning this matter, please call:	FILE BOT 27
Hao X. Do at (407) 808 6902	E E
(Name of Person) (Area Code & Daytime Telephone Number)	PILEU OCT 27 M 10: 00 CANASSER, FLORIDA

STREET ADDRESS:

TO:

Registration Section

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:

Nonsense Records, LLC			<u>-</u> -
ARTICLE II - Address: The mailing address and street	et address of the principa	al office of the Limite	ed Liability Company is:
Principal Office Address:		Mailing Addres	<u>s:</u>
2724 E. Jefferson St.		P.O. Box 945	
Orlando, FL		Orlando, FL	
32803		32802	TAE SE
ARTICLE III - Registered The name and the Florida stre			<u>m</u>
Hao X. Do	Name		M 10: 00 E, FLORIDA
			O: 00 TATE ORIDA
2724 E. J	Name	NOT acceptable)	O; OO TATE ORIDA
2724 E. J	Name efferson St. rida street address (P.O. Box	NOT acceptable)	O: 00 TATE ORIDA

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:

Title:	Name and Address:			
"MGR" = Manager "MGRM" = Managing Member				
"MGRM" = Managing Member				
MGRM	Hao X. Do			
	P.O. Box 945			
	Orlando, FL 32802	_	•	
MGRM	Robert Kelly Shockley			
	P.O. Box 945	_		
	Orlando, FL 32802	_		
			•	
				
		ZY:	40	
(Use attachment if necessary)		TACK CK	2	
		\(\overline{\pi_1}\)-	BCT 7	
		SE	27	
NOTE: An additional article must be	added if an effective date is requested.	កា! ពីម	AN 10: 00	Ċ
	•	515	<u>ದ</u>	
REQUIRED SIGNATURE:	1	35	9	
Hon I				
Signature of a member or an au	ithorized representative of a member.			
	408(3), Florida Statutes, the execution firmation under the penalties of perjury e.)			
Hao X. Do				
	nted 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)