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05 MAY -9 PM 3:37

TRANSMITTAL LETTER

ATX1

TO: Registration Section
Division of Corporations

SUBJECT: SOUTHERN AMERICANA 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:

JIM LANCASTER
(Name of Person)

SOUTHERN AMERICANA MUSIC LLC
(Firm/Company)

191 ADAMS DRIVE
(Address)

CRESTVIEW, FLORIDA 32536
(City/State and Zip Code)

For further information concerning this matter, please call:

JIM LANCASTER at 850-689-3576
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

<input type="checkbox"/> \$125.00 Filing Fee	<input checked="" type="checkbox"/> \$130.00 Filing Fee & Certificate of Status	<input type="checkbox"/> \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	<input type="checkbox"/> \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
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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 Limited Liability Company is:

SOUTHERN AMERICANA MUSIC LLC**ARTICLE II - Address:**

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

Principal Office Address:**Mailing Address:**SOUTHERN AMERICANA MUSIC LLC191 ADAMS DRIVECRESTVIEW, FLORIDA 32536SOUTHERN AMERICANA MUSIC LLC% JIM LANCASTER - 191 ADAMS DRIVECRESTVIEW, FLORIDA 32536**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

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

JIM LANCASTER

Name

191 ADAMS DRIVEFlorida street address (P.O. Box **NOT** acceptable)CRESTVIEWFL 32536

City, State, and 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..



Registered Agent's Signature

(CONTINUED)

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FILED

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:MGRJIM LANCASTER
191 ADAMS DRIVE
CRESTVIEW, FL 32536MGRMJILL LANCASTER
191 ADAMS DRIVE
CRESTVIEW, FL 32536MGRMCLAYTON LANCASTER
191 ADAMS DRIVE
CRESTVIEW, FL 32536MGRMWILLIAM LANCASTER
191 ADAMS DRIVE
CRESTVIEW, FL 32536MGRMPATRICK LANCASTER
191 ADAMS DRIVE
CRESTVIEW, FL 32536**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.)

JIM LANCASTER

Typed or printed name of signee

Filing Fees:

- \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)