## 105000696012

(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:

Office Use Only



800059769828

09/23/05--01025--020 \*\*160.00

05 SEP 23 PH 1: 54
SICRETARY OF STATE
SICRETARY OF STATE

7. Styneis CED 50 Silve

## TRANSMITTAL LETTER

STREET ADDRESS:	MAILING A	DDRESS:	
□ \$125.00 Filing Fee   □ \$130.00 Filing Fee & Certificate of Status	S155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Certificate of Stat Certified Copy (additional copy is en	us &
Enclosed is a check for the following amount:			TATE A
(Name of Person)	at (941) 778 (Area Code & Daytime To	elephone Number)	FS -
Heather DeSerio	ar (941 ) 778	- U99A	SEE SEE
For further information concerning this matter, please	call:		P 23 F
	• ,		SECRETARY OF STATE SECRETARY OF STATE ALL AHASSEE, FLORIE
Bradenton Bea	ch, FL VState and Zip Code)		ਰ <sub>0</sub> 으
1801 Gulf Dr	. W. #278 (Address)		
J	(Firm/Company)		••
Vegas Entertain	nent Records		
	Name of Person)		
Heather De	Serio		
Please return all correspondence concerning this matt	er to the following:		
The enclosed Articles of Organization and fee(s) are	submitted for filing.		
SUBJECT: Vegas Enterto (Name of Limito	in ment Reco	ords	
Division of Corporations			
TO: Registration Section			

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

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:	
Vegas Entertains	ment Records LLC
ARTICLE II - Address: The mailing address and street address of the print	cipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
3466 NW 32 Ave OKeechabee, PL 34972	1801 Gulf Dr N. #278 Bradeston Beach, FL 34217
ARTICLE III - Registered Agent, Registered (	Office, & Registered Agent's Signature:
The name and the Florida street address of the reg	gistered agent are:
Jarrod Bos	swell
3466 NW 3	2 Ave SEP 3
O Keechohee, City, State, and	FL 34972 - PRIT S
liability company at the place designated in this registered agent and agree to act in this capacity, statutes relating to the proper and complete perf	cept service of process for the above stated limited is certificate, I hereby accept the appointment as I further agree to comply with the provisions of all formance of my duties, and I am familiar with and ered agent as provided for in Chapter 608, F.S

(CONTINUED)

ARTICLE IV-1	Manager(s	or Managing	Member	(s):
--------------	-----------	-------------	--------	------

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

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Mer	Name and Address:
MGR	Heather De Serio 1801 Gulf Dr. N. #2° Bradenton Beach, FL
MGR	Frik Diener 14 Boyd Rd Hudson, NH 03051
***	
(Use attachment if necessar	у)
NOTE: An additional art	icle must be added if an effective date is requested.
REQUIRED SIGNATUR	E:
_ He	atta Delas
Signature	of a member or an authorized representative of a member.
of this docu that the f	nce with section 608.408(3), Florida Statutes, the execution iment constitutes an affirmation under the penalties of perjury acts stated herein are true.)
<u>.                                    </u>	typed or printed name of signee
Filing Fees:	e the control printed printed or organic
\$125.00 Filing Fee for Artic of Registered Agen \$ 30.00 Certified Copy (Op \$ 5.00 Certificate of Statu	tional)

Page 2 of 2