

L05000101472

2005 OCT 13 P 1:49

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

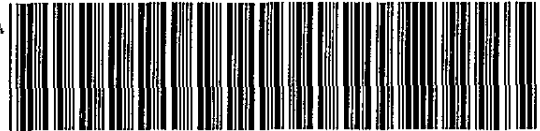
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TRANSMITTAL LETTER

FILED

TO: Registration Section  
Division of Corporations

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SUBJECT: American Audio Unlimited, LLC  
(Name of Limited Liability Company)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Michael Scott Miller  
(Name of Person)

Yancay, Miller & Bowman, CPA'S, PLLC  
(Firm/Company)

560 Neff Avenue, Suite 500  
(Address)

Harrisonburg VA 22801  
(City/State and Zip Code)

For further information concerning this matter, please call:

Michael Scott Miller at ( 540 ) 433-3777  
(Name of Person) (Area 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

FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ARTICLE I - Name:

The name of the Limited Liability Company is:

American Audio Unlimited, LLC

ARTICLE II - Address:

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

Principal Office Address:

2247 Yorville Ct.  
Ocoee, FL 34761

Mailing Address:

2247 Yorville Ct.  
Ocoee, FL 34761

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

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

Robert W. Smith

Name

7615 Martha's Cove Lane

Florida street address (P.O. Box **NOT** acceptable)

Navarre

FLORIDA

32566

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, Florida Statutes..*



Registered Agent's Signature

FILED

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

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

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Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MGR M

Robert W. Smith  
7615 Martha's Cove Lane  
Navarre, FL 32566

MGRM

Kendall Scott Thomson  
2247 Verville Ct.  
Odessa, FL 34761

MGRM

Keith Charles Wilson  
336 Forest St.  
Windermer, FL 34786

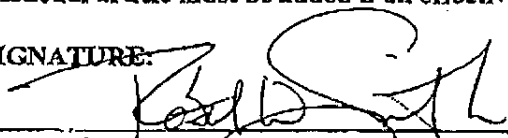
MGRM

Jack Lamb  
144 Wedge Drive Apt 14  
Naples, FL 34108

(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.)

Robert W. Smith

Typed or printed name of signer

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)