

Florida Department of State

Division of Corporations Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H05000259781 3)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)205-0383

From:

Account Name : FAS-T CORP. AGENTS, INC.

Account Number : 071001002335 : (305)599-0839 Phone

Fax Number : (305)716-0346

LIMITED LIABILITY COMPANY

ROCK ON RECORDS L.L.C.

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$155.00

Electronic Filing Menu

Corporate Filing

Public Access Help

of 1

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited Liability Company is:

ROCK ON RECORDS LL.C.

Other end with the words "Limited Liability Company, "Limited Company" or their abbreviation "LLC," or "L.C.,")

ARTICLE II - Address:
The mailing address and sireet address of the principal office of the Limited Liability Company is:

Principal Office Address:

Malbox Address:

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limbol Liability Company omnot serve as its own Registered Agent. You must designate an individual or another business eatily with an active Florida registration.)

901 IBIS AVE MIAMI SPRINGS, FL. 13166

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

901 IBIS AVE MIAMI SPRINGS, FL.33166

ZEIDA L PALMA

Name

901 IBIS AVE

Plorida street address (P.O. Box NOT acceptable)

MIAMI SPRINGS

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 at 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.

STATE OF STREET, STREE

(CONTINUED)
Page 1 of 2

Title: "MGR" = Manager "MGRM" = Managing Mem	Name and Address:
MGR	ZEIDA L PALMA
•	901 IBIS AVE MIAMI SPRINGS, FL33186
•	
	· · · · · · · · · · · · · · · · · · ·
·	
(Use attachment if necessary)
•	
<u>.</u> •	
LE V: Effective date, if other	than the date of filing (OPTIONAL)
l'ective date in listed, the date	s must be specific and cannot be more than five business days prior
LE V: Riffective date, if other fective date in listed, the date days after the date of filling.)	s must be specific and cannot be more than five business days prior
fective date in listed, the date days after the date of filling.)	s must be specific and cannot be more than five business days prior
l'ective date in listed, the date	s must be specific and cannot be more than five business days prior
fective date in listed, the date days after the date of filling.)	s must be specific and cannot be more than five business days prior :
fective date is listed, the date days after the date of filling.) REQUIRED SIGNATURE	s must be specific and cannot be more than five business days prior :
fective date in listed, the date days after the date of filling.) REQUIRED SIGNATURE Signstore of	a must be specific and cannot be more than five business days prior : : : : : : : : : : : : : : : : :
fective date is listed, the date days after the date of filling.) REQUIRED SIGNATURE Signature of	a must be specific and cannot be more than five business days prior : : : : : : : : : : : : :
fective date in listed, the date days after the date of filling.) REQUERED SIGNATURE Signature of (in secondary of this document)	a must be specific and cannot be more than five business days prior : : : : : : : : : : : : : : : : :