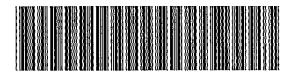
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(Re	questor's Name)	
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP	☐ WAIT	MAIL
(Bu	sin <b>ess</b> Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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## COVER LETTER

Division of Corporations		
SUBJECT: Harmony Pecords, U.C. (Name of Limited Liability Company)		
(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:		
Hamler Rodney Noel (Name of Person)		
(Firm/Company)		
14737 West Dixie Highway		
Miami, Florida 33181 (City/State and Zip Code)		
For further information concerning this matter, please call:		
Hamler Rodney Noel at (305) 945-8814 (Name of Person) (Area Code & Daytime Telephone Number)		
Enclosed is a check for the following amount:		
\$125.00 Filing Fee \$\bigcup \text{\$130.00 Filing Fee & Certificate of Status}\$\$ Certified Copy (additional copy is enclosed) \$\bigcup \text{\$160.00 Filing Fee, Certified Copy (additional copy is enclosed)}\$\$		
Mailing Address  Registration Section  Division of Corporations  P.O. Box 6327  Tallahassee, FL 32314  Street/Courier Address  Registration Section  Division of Corporations  Clifton Building  Tallahassee, FL 32314  Tallahassee, FL 32314		



December 8, 2005

HAMLER RODNEY NOEL 14737 WEST DIXIE HIGHWAY MIAMI, FL 33181

SUBJECT: HARMONY RECORDS, LLC

Ref. Number: W05000054323

We have received your document for HARMONY RECORDS, LLC and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

List the titles either MGR or MGRM and list the address of the individuals.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6067.

Letter Number: 205A00071109

Neysa Culligan Document Specialist

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:			
Harmony Records, U. (Must end with the words "Limited Liability Company, "Limited	Company" or their abbreviation "LLC," or "L.C.,")		
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:			
Principal Office Address:	Mailing Address:		
Miami, Fl. 33/81	Miami, Fl. 38181		
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)	Office, & Registered Agent's Signature: red Agent. You must designate an individual or another		
The name and the Florida street address of the re  Hamler Rodney Name  14737 West D  Florida street address  Miami  City, State, and	Noel  Noel  Ixie Highway  Tess (P.O. Box NOT acceptable)  FL 83181  Reserved  FL 83181  Reserved  FL 83181  Reserved  Reserved		
	scept service of process for the above stated limited as certificate, I hereby accept the appointment as		

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 (REQUIRED)

(CONTINUED) Page 1 of 2

## 

**REQUIRED SIGNATURE:** 

to or 90 days after the date of filing.)

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.)

TEAN M CERENORD
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)

Page 2 of 2

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