Florida Department of State

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(((H060000137043)))

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To:

Division of Corporations

Fax Number

: (850)205-0383

: EMPIRE CORPORATE KIT COMPANY Account Name

Account Number : 072450003255 : (305) 534-3694 Pax Number : (305) 633-9696

FLORIDA/FOREIGN LIMITED LIABILITY CO.

L.C.N. Records, LLC

Certificate of Status	 <del></del>	**************************************	0	-
Certified Copy		•	1	•
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NISION OF CORPORATION



## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company	is:	
L.C.N. Becords,	LIC	_
ARTICLE II - Address: The mailing address and street address of the	principal office of the Limited Liability	Company is:
Principal Office Address:	Mailing Address:	
15365 NE 13 AVE N.M.ami Beach, FL 33162	Same	<del></del>
ARTICLE III - Registered Agent, Register	ed Office, & Registered Agent's Signs	
The name and the Florida street address of the	c registered agent are:	SECKLI DIVISION O 2005 JAN
Arnie S. Mu	skat, Esq	MOFO
12545 ORONO Florida streets	de Dr. #503	<b>A</b> (2)
Davie	= 22 <del>33</del> 7)	2:4

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)

Page 1 of 2

H06000013704

ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows:

<u>Fitle:</u> MGR" = Manager 'MGRM" = Managing Member	Name and Address:		
MGR.	Brojamin Arleta 133165 NE 13AVE N. Miami Beh, Fl. 33142		
		21	
		2005 JAH 1	
Use attachment if necessary)		7 AM	000

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 perjuty

that the facts stated herein are true.)

Typed or printed name of signee

Fing Fost:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

S 30.00 Certified Copy (Optional)

5 5.00 Certificate of Status (Optional)

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