600000023832

(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: ### The Company of the Co
2-27-04

Office Use Only

M. HODGES



200066953552

03/03/06--01046--015 **130.00

COVER LETTER

TO: Registration Division of	Section Corporations			
SUBJECT:	SUBSONIQ (Name of Limite	MUST (d Liability Company)	2	
	trans or minute	a Basiniy Company)		
The enclosed Article	s of Organization and fee(s) are s	ubmitted for filing.		
Please return all corre	espondence concerning this matte	er to the following:		
	Salim Ral	Name of Person)		
	SUBSONIQ	MUSTQ		
		Firm/Company)		
	9261 5.1			
_		(Address)	,	
Miami, Florida 33176				
	(City	/State and Zip Code)		
For further information	on concerning this matter, please	call:		
Calina	2 of ia	at (305) 409	-4580	
(Na	me of Person)	(Area Code & Daytime T	elephone Number)	
	for the following amount:			
\$125.00 Filing Fe	ee \$\infty\$\$ \$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Addres Registration Section Division of Corporatio Clifton Building 2661 Executive Center Tallahassee, FL 32301	ns	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Compa	any is:	
SUBSONT Q (Must end with the words "Limited Liability Company,	MUSIQ *Timited Company" or their abbreviati	LLC
ARTICLE II - Address: The mailing address and street address of	. ,	
Principal Office Address:	Mailing Address:	
9261 S.W. H7st. Miami + F1 33176	9761 S.W. Miani Fl 33176	147 st
ARTICLE III - Registered Agent, Registre Limited Liability Company cannot serve as its ow business entity with an active Florida registration.)		
The name and the Florida street address of	of the registered agent are:	
AMIRA	MASOUD	·
9261 S.W Florida st	reet address (P.O. Box <u>NOT</u> accepte	ble)
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, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)
Page 1 of 2

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

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

Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:
"MGRM" = Managing Member	0
MGR	Λ
	HADER MARKONER
	9761 Sw 147 hst
	miam, 12 33/76
MGRM	Salim Rafa
	4761 SC 1471 ST
	- Variation , 1 a saint a
(Use attachment if necessary)	
CLE V: Effective date, if other than the	de como 7-27-07 (OPTIONAL)
CLE v: Effective date, if other than the effective date is listed, the date must h	e date of filing: (OPTIONAL) se specific and cannot be more than five business days pro-
00 days after the date of filing.)	
REQUIRED SIGNATURE:	1
$\boldsymbol{\delta}$	// . \

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.)

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)