

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 205-0383

From:

Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.
Account Number : 075350000353
Phone : (212) 431-5000
Fax Number : (212) 431-1441

2006 SEP -7 AM 8:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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FLORIDA/FOREIGN LIMITED LIABILITY CO.

ASHA PUTHLI MUSIC PUBLISHING LLC

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DIVISION OF CORPORATION

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To: Asha Puthi Page 8 of 7

Adrien Corbett

212. 248-3048

p. 5

2006-09-06 19:52:30 (GMT)

17162236713 From: George Scrimie

BLUMBERGEXCELSIOR

Fax: 888-692-9256

Sep 6 2006 13:02

P. 06

#060 0022 23903

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

ASHA PUTHI MUSIC PUBLISHING LLC

(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:

**235 SUNRISE AVENUE, SUITE 3220
PALM BEACH, FL 33480**

Mailing Address:

**235 SUNRISE AVENUE, SUITE 3220
PALM BEACH, FL 33480**

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

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

ASHA PUTHI

Name

235 SUNRISE AVENUE, SUITE 3220

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

PALM BEACH, FL 33480

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.

Asha Puthi

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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Blumberg Excelsior
62 White Street
NY, NY 10013
212-431-5100
212-221-2972

#060602223903

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Adrien Corbett

2006-09-06 18:52:30 (GMT)

212. 248-3048

F. 6
17162286713 From: George Sobilla

BLUMBERGEXCELSIOR

Fax: 888-692-9256

Sep 6 2006 13:02

P. 07

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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:

MGR

ASHA PUTHLI
235 SUNRISE AVENUE, SUITE 3220
PALM BEACH, FL 33480

MGRM

ASHA PUTHLI INC.
235 SUNRISE AVENUE, SUITE 3220
PALM BEACH, FL 33480

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

REQUIRED SIGNATURE:

Asha Puthli

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.)

ASHA PUTHLI INC., MEMBER; ASHA PUTHLI, PRESIDENT
Typed or printed name of signer

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)

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