 L06000088145

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

FILED
06 SEP -7 AM 9:18
SECRETARY OF STATE
TALLAHASSEE FLORIDA

FLORIDA/FOREIGN LIMITED LIABILITY CO.

RECEIVED
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DIVISION OF CORPORATION

ASHA PUTHLI RECORDINGS LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	$125.00

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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

ASHA PUTHLI RECORDINGS LLC
(Must end with the words "Limited Liability Company," "Limited Company" or their abbreviation "L.L.C." 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:
235 SUNRISE AVENUE, SUITE 3220	235 SUNRISE AVENUE, SUITE 3220
PALM BEACH, FL 33480	PALM BEACH, FL 33480

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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 PUTHLI
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 Puthli
Registered Agent's Signature (REQUIRED)

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

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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

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(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 signee

Filing Fees:

$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
$ 30.00 Certified Copy (Optional)
$ 8.00 Certificate of Status (Optional)

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