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(Re	questor's Name)
(Ad	dress)
(Ád	dress)
(Cit	y/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(Bu	siness Entity Name)
(Do	cument Number)
Certified Copies	Certificates of Status
Special Instructions to	Filing Officer:





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OLFA CHOYE JE STATE IVISIONOT CERPORATIO TALLAHASSEE FLORID

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DECRETARY OF SIAN

CORPORATE When you need ACCESS to the world" ACCESS,
INC. 236 East 6th Avenue . Tallahassee, Florida 32303 P.O. Box 37066 (32315-7066) (850) 222-2666 or (800) 969-1666 . Fax (850) 222-1666
WALK IN PICK UP: 9/21/06 Hinda Constitution
CERTIFIED COPY
PHOTOCOPY CUS FILING LLC
1. South Line Records, LLC (CORPORATE NAME AND DOCUMENT #)
2. (CORPORATE NAME AND DOCUMENT #)
3. (CORPORATE NAME AND DOCUMENT #)
4. (CORPORATE NAME AND DOCUMENT #)
(CORPORATE NAME AND DOCUMENT #)
(CORPORATE NAME AND DOCUMENT #)
SPECIAL INSTRUCTIONS:

ANV. ANV.

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY.

ARTICLE I - Name:

The name of the Limited Liability Company is:

South Line Records, 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:

Mailing Address:

19936 S.W. Third Place

Pembroke Pines, Florida 33029

19936 S.W. Third Place

Pembroke Pines, Florida 33029

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:

Richard C. Wolfe, Esq.

Name

100 S.E. Second Street, Suite 3300

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

Miami

FL_33131

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..

stered 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:

MGR	Simon Morales	
	19936 S.W. 3rd Place	
	Pembroke Pines, Florida 33029	
(Use attachment if necessary)	_	
LEV: Effective date, if other than th	e date of filing: (OF	TIONA

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 perjury that the facts stated herein are true.)

Richard C. Wolfe, Esq.

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)