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

Office Use Only



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EFFE THE DATE

06 NOV 28 AM II: 08
SECRETARY OF STATE

EXPRESS CORPORATE FILING SERVICE INC. Requestor's Name

1000 PONCE DE LEON BLVD. SUITE:101 Address

CORAL GABLES, FL 33134

(305) 444-4994

City/State/Zip

Phone #



OFFICE USE ONLY

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

	(Colbotasou value)		NMENT L.L.C
	(Corporation Name)		(Document #)
(Corporation Name) (Corporation Name)		(Document #)	
			(Document #)
☐ Walk in	Pick up tim	ne	Certified Copy
Mail ou	t Will wait	Photocopy	Certificate of Status
•		,	1
NEW	FILINGS	AMENDMEN.	SECTION
Profit		Amendment	
NonProf	it	Resignation of R.A.	, Officer/ Director
X Limited	Liability	Change of Register	ed Agent
Domesti	cation	Dissolution/Withdra	awai
Other		Merger	
ОЛН	ER FILNGS	REGISTRATION/	
Annual	Report	QUALIFICATION	
Fictitiou	s Name	Foreign	
	eservation	Limited Partnership	

Trademark

Other

CR2E031(9/92)

Examiner's Initials

ARTICLE I - Name: The name of the Limited Liability Company is:	EFFECTIVE DATE
KING MUSIC ENTERTAINMENT L.L.C.	
(Must end with the words "Limited Liability Company, "Limit	ted Company" or their abbreviation "LLC," or "L.C.,")
ARTICLE II - Address:	O.A.
	rincipal office of the Limited Liability Company is:
Driveing Office Address	Marin - Address
Principal Office Address:	Mailing Address:
964 SW 148 PLACE	964 SW 148 PLACE
MIAMI FL 33194	MIAMI FL 33194
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registusiness entity with an active Florida registration.)	d Office, & Registered Agent's Signature:
	d Office, & Registered Agent's Signature: stered Agent. You must designate an individual or another
(The Limited Liability Company cannot serve as its own Registration.) The name and the Florida street address of the	d Office, & Registered Agent's Signature: stered Agent. You must designate an individual or another registered agent are:
(The Limited Liability Company cannot serve as its own Registusiness entity with an active Florida registration.)	d Office, & Registered Agent's Signature: stered Agent. You must designate an individual or another registered agent are: JINTERO
(The Limited Liability Company cannot serve as its own Registration.) The name and the Florida street address of the ALVARO QU	d Office, & Registered Agent's Signature: stered Agent. You must designate an individual or another registered agent are: JINTERO
(The Limited Liability Company cannot serve as its own Registration.) The name and the Florida street address of the ALVARO QU Name 964 SW 148	d Office, & Registered Agent's Signature: stered Agent. You must designate an individual or another registered agent are: JINTERO
(The Limited Liability Company cannot serve as its own Registration.) The name and the Florida street address of the ALVARO QU Name 964 SW 148 Florida street ad MIAMI	d Office, & Registered Agent's Signature: stered Agent. You must designate an individual or another registered agent are: JINTERO B PLACE Idress (P.O. Box NOT acceptable) FL 33194
(The Limited Liability Company cannot serve as its own Regist business entity with an active Florida registration.) The name and the Florida street address of the ALVARO QUENAME 964 SW 148 Florida street address of the Florida street address of the Name	d Office, & Registered Agent's Signature: stered Agent. You must designate an individual or another registered agent are: JINTERO B PLACE Idress (P.O. Box NOT acceptable) FL 33194

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(CONTINUED) Page 1 of 2

Registered Agent's Signature (REQUIRED)

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

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

Title: "MGR" = Manager	Name and Address:
"MGRM" = Managing Member	
MGRM	ALVARO QUINTERO
	964 SW 148 PLACE
	MIAMI FL 33194
MGRM	CAROL GUAQUETA
	964 SW 148 PLACE
	MIAMI FL 33194
·	
(Use attachment if necessary)	
	the date of filing: JANUARY 1ST 2007 (OPTIONAL)
	st be specific and cannot be more than five business days pri
0 days after the date of filing.)	
REOUIRED SIGNATURE:	
REQUIRED SIGNATURE:	
REQUIRED SIGNATURE:	2 0.1

organitie of a member of 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.)

ALVARO QUINTERO

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)