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## **COVER LETTER**

Division of Cor			
SUBJECT:	STERED UNDE		
	(Name of Limited	d Liability Company)	
The enclosed Articles of	Organization and fee(s) are su	abmitted for filing.	
Please return all corresp	ondence concerning this matte	r to the following:	
	MISHAEL I	DIMAGGIO	<del></del>
ن <u>د</u> ر در		DERGROUND,	LLC.
		Firm/Company)  iME DL	7001 TALL TALL
		iME DR (Address)	AR L
	KEY LAG	290, FL 330	N 22 ASSEN
	(City)	(State and Zip Code)	T P
For further information	concerning this matter, please	call:	JAN 22 P 12: 57 RETARY OF STATE AHASSEE, FLORIDA
Michael D	Maggio	at (305 ) 453-9.	309
(Name	of Person	(Area Code & Daytime Te	elephone Number)
Enclosed is a check for	or the following amount:		,
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	S155.00 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 Corporation 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 Company is:	
STEREO UNDERGROU  (Must end with the words "Limited Liability Company, "Limited	WD LLC d Company" or their abbreviation "LLC," or "L.C.,")
ARTICLE II - Address: The mailing address and street address of the pri	incipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
426 LIME DR KEY LARGO, FL 33037	426 LIME DR KFY LARGO, FL 33037
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registation.)  The name and the Florida street address of the re  Michael Dia  Name  426 Lime D  Florida street addit  Ley Lego  City State, as	egistered agent are:  Aggra  Press (P.O. Box NOT acceptable)  Agent. You must designate an indifficult or another large agent are:  AH ASSET FLORIDA  Tress (P.O. Box NOT acceptable)
liability company at the place designated in the registered agent and agree to act in this capacity statutes relating to the proper and complete per	ccept service of process for the above stated limited his certificate, I hereby accept the appointment as I further agree to comply with the provisions of all formance of my duties, and I am familiar with and tered agent as provided for in Chapter 608, F.S.,

(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:	Name and Address:	
"MGR" = Manager "MGRM" = Managing Member		
MGR	Michael DiMaggio 406 Line DE 33037	
MGR	Dave Di Maggio 2540 Fairways Dr. Homestead, FL 33035	
e e e	<u>u </u>	الحد العلم ال
	TALES ZON	
(Use attachment if necessary)	JAN 22 DETARY AHASSE	
ARTICLE V: Effective date, if other than the dat (If an effective date is listed, the date must be spot or 90 days after the date of filing.)	te of filing:	
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.)

Michael Di Maggio
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)