

Division of Corporations

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Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
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From: Account Name : WHITE & CASE  
Account Number : 075410002143  
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

07 APR 27 AM 10:05

**FLORIDA/FOREIGN LIMITED LIABILITY CO.****Black Owl Music, LLC**

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$155.00

ATTN: mwa901e~

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Corporate Filing Menu

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EFFECTIVE DATE

4/26/07

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY****ARTICLE I - Name:**

The name of the Limited Liability Company is:

Black Owl Music, 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:**4401 Southwest 13th TerraceMiami, FL 33134-2728**Mailing Address:**4401 Southwest 13th TerraceMiami, FL 33134-2728**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:

Michael L. Harrison

Name

4401 Southwest 13th TerraceFlorida street address (P.O. Box **NOT** acceptable)MiamiFL 33134-2728

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.

  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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EFFECTIVE DATE

4-26-07SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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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
Michael L. Harrison  
4401 Southwest 18th Terrace  
Miami, Florida 33134-2728
MGRM
Bernadette Spade-Harrison  
4401 Southwest 13th Terrace  
Miami, Florida 33134-2728


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(Use attachment if necessary)

**ARTICLE V: Effective date, if other than the date of filing:** April 28, 2007 (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:**


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 L. Harrison

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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