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COVER LETTER

TO:	Registration Section (a) Division of Corporations	
SUBJE	(Name of Limited Liability Company) Collective	<u> </u>
The end	osed Articles of Organization and fee(s) are submitted for filing.	
Please r	turn all correspondence concerning this matter to the following:	
	Angela J. Wiggins (Name of Person)	
-	(Firm/Company)	
-	2116-2 Atlantic Blud.	
-	Jack Son ville Fl 32207 (City/State and Zip Code)	
For furt	er information concerning this matter, please call:	
A	gela Wiggins at 904, 403-9071 (Name of Person) Arca Code & Daytime Telephone Number)	
Enclose	d is a check for the following amount:	
\$ 125.	O0 Filing Fee \$\bigcup \\$130.00 Filing Fee & \bigcup \\$155.00 Filing Fee & \bigcup \\$160.00 Filing Fee, Certificate of Status & Certificate of Status & Certified Copy (additional copy is enclosed)	
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street/Conrier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:
Wiggins + DAVIS Music Collective, LL (Must end with the words "Limited Liability Company, "Limited Company" or their abbreviation "LLC," or "L.C.,")
(wast out with the words Limited Liability Company, Limited Company of their above visitor 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:
2116-2 Atlantic Blud What Goes Around Jacksonville F1 32207 2116-2 Atlantic Blud. Jacksonville F1 32207
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:
Jeffrey A. Wiggins
Name 10963 Lippizar DR. Florida street address (P.O. Box NOT acceptable)
Jacksonville FL 32257 City, State, and Zip
Having been named as registered agent and to accept service of process for the above stated limited

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..

(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 (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing:

REQUIRED SIGNATURE:

to or 90 days after the date of filing.)

store of a member or an authoriz presentative of a member. (In accordance with section 608.408(3), Florida Statutes, the execution

(If an effective date is listed, the date must be specific and cannot be more than five business days prior

of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

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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