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07 NOV -2 AM II: L9
SECRETARY OF STATE
ALLAHASSEE, FLORIDA

# **COVER LETTER**

| TO: Registration<br>Division of C     | Section<br>Corporations   |   |  |
|---------------------------------------|---|---|--|
| SUBJECT:                              | Master Sto<br>(Name of Limited L  | iability Company)   |  |
| The enclosed Articles                 | of Organization and fee(s) are subr   | nitted for filing.  |  |
| Please return all corre               | spondence concerning this matter to   | the following:  |  |
|                                       | Harvey F  | PCYCZ<br>ne of Person)  |  |
| · · · · · · · · · · · · · · · · · · · | Master  | Star Mus<br>m/Company)  | iC .   |
|                                       | 1065 W 27   | St Apt 9  | 07 NOV -2 SECRETARY FALLAHASSE   |
|                                       | Haleah, F   | 1 33010<br>ate and Zip Code)  |  |
|                                       | (City/Sta   | ite and Zip Code)   | AN II: L9  |
| For further information               | n concerning this matter, please cal  | 1:  | A  |
| Harvey                                | Perez at ne of Person)  | (786) 488<br>(Area Code & Daytime Tele  | 3-3676<br>phone Number)  |
| Enclosed is a check                   | for the following amount:   |   |  |
| \$125.00 Filing Fee                   | Certificate of Status   | \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)  | \$160.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|                                       | Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center C Tallahassee, FL 32301 |  |

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### **ARTICLE I - Name:**

The name of the Limited Liability Company is:

1065 W 27 ST Apt9

Master Star Music, LLC.

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

### **ARTICLE II - Address:**

**Principal Office Address:** 

The mailing address and street address of the principal office of the Limited Liability Company is:

**Mailing Address:** 

1065 W 27 ST Apt9

| <u> </u>   |                            |                           |   |                |            |          |
|--|----------------------------|---------------------------|---|----------------|------------|----------|
| ARTICLE III - Registered A (The Limited Liability Company cannot business entity with an active Florida re | serve as its own Registe   | Office, & Fred Agent. You | Registered Ager<br>must designate an in | nt's Signature | SF         |          |
| The name and the Florida street  | et address of the re       | gistered age              | ent are:                                | AHA.           | NON        | O'CO     |
|  | Havvey                     | pere                      | 2                                       | SSEE, FLORII   | -2 MIII: L |          |
|  | Florida street addr        | ess (P.O. Box             | NOT acceptable)                         | IDA<br>IDA     | Q.         |          |
| 1065   | W Z7 5°<br>City, State, an | + + 9<br>Id Zip           | thalear                                 | 1,43           | 301        | <i>O</i> |

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)

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

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

| <u>Title:</u> "MGR" = Manager "MGRM" = Managing Member   | Name and Address:                                   |
|--|---|
| MbR  | PUDENTO PEREZ<br>1065 W 275+ #9<br>Haleah, PI 33010 |
| Annua, L., Annua, C., Annua, L., Annua, Annu | O7 N  |
|  | OV -2 AM  |
|  | RRIDA   |

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing:

\_. (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.)

Typed or printed name of signee

Harry Perer

### 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)