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|---|
| (Requestor's Name) |
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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Office Use Only



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11/28/07--01011--013 **155.00

Effective Date 11/27/07

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COVER LETTER

| TO: | Registratio Division of | n Section Corporations | | |
|-----------------|----------------------------|---|--|---|
| SUBJI | ECT: B | AD CREEKS RISING RI (Name of Limite | ECORDS, LLC. d Liability Company) | |
| The en | closed Article | es of Organization and fee(s) are s | ubmitted for filing. | |
| Please | return all cor | respondence concerning this matte | er to the following: | |
| | ROBE | ERT C. WATSON | | |
| | | (| Name of Person) | |
| | BAD (| CREEKS RISING REC | ORDS | |
| | | • | (Firm/Company) | |
| | 3800 | OLD US RD. | ***** | |
| | | | (Address) | |
| | MAR | IANNA, FL. 32446 | | |
| | | (City | /State and Zip Code) | |
| For fur | ther informat | ion concerning this matter, please | call: | |
| | ROBERT | C. WATSON | at (850) 718-2580 | |
| | (N | ame of Person) | (Area Code & Daytime Telephone | Number) |
| Enclos | sed is a chec | k for the following amount: | | |
| □ \$ 125 | 5.00 Filing F | cee \$130.00 Filing Fee & Certificate of Status | Certified Copy Certification (additional copy is enclosed) Certification Certification (additional copy is enclosed) | 60.00 Filing Fee, ficate of Status & fied Copy onal 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 Circle | |

Effective Date 11/27/07

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

| The name of the Limited Liability Com | pany is: |
|--|--|
| BAD CREEKS RISING RECORDS, | LLC. |
| (Must end with the words "Limited Liability Compar | y, "Limited Company" or their abbreviation "LLC," or "L.C.,") |
| ARTICLE II - Address: | |
| The mailing address and street address of | of the principal office of the Limited Liability Company is: |
| Principal Office Address: | Mailing Address: |
| 3800 OLD US RD. | 3800 OLD US RD. |
| MARIANNA, FL. 32446 | MARIANNA, FL. 32446 |
| | gistered Office, & Registered Agent's Signature: own Registered Agent. You must designate an individual or another |
| The name and the Florida street address | of the registered agent are: |
| DUANE A. HERRII | NG |
| | Name |
| 3800 OLD US RD |) <u>.</u> |
| Florida | street address (P.O. Box NOT acceptable) |

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..

City, State, and Zip

Registered Agent's Signature (REOUIRED)

MARIANNA,

(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:

| | PLEASE SEE ATTACHED |
|--|--|
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| (Use attachment if necessary) | |
| ************************************** | 1. COL. NOVEMBER 37 3007 (OMBIONIA |
| | ne date of filing: NOVEMBER 27, 2007. (OPTIONAl be specific and cannot be more than five business days |

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.)

ROBERT C. WATSON

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)

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

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

Title:

Name and Adress:

"MGR" = Manager

"MGRM" = Managing Member

MGRM

DUANE A. HERRING

3800 OLD US RD.

MARIANNA, FL. 32446

MGRM

ROBERT C. WATSON

315 CANEMILL RD.

COTTONWOOD, AL. 36320

MGRM

JOHN D. SCULLY

5177 LYNCH DRIVE MARIANNA, FL. 32446

MGRM

RANDALL R. JOHNSON

3149 4TH STREET

MARIANNA, FL. 32446

MGRM

JESSE C. ROBERTS

3458 RIVER RD.

SNEADS, FL. 32460