

L08000023217

(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:

Office Use Only

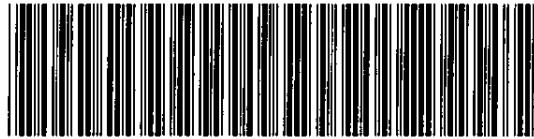
Kenny Crawley  
AUTHORIZATION BY PHONE TO

CORRECT

take out eff. date

DATE 03/05/08 @ 3:19 pm

DOO, EXAM



200118897872

03/04/08--01030--003 \*\*160.00

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
08 MAR - 4 PM 4:21

J. BRYAN

MAR - 5 2008

EXAMINER

Kenny Crawley  
4636 Hidden Forest Drive  
Sarasota, FL. 34235

February 2, 2008

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL. 32301

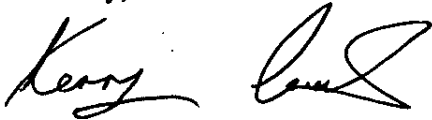
Dear Sir or Madam:

Attached please find my registration for filing a new L.L.C.

I wish to file as, "5 D Records, L.L.C."; my name is Kenny Crawley and my title is MGR (Manager); my address is 4636 Hidden Forest Drive, Sarasota, FL. 34235; my phone number is (941) 993-4160. I have enclosed a check payable to the Florida Department of State, in the amount of \$160.00 to cover the fees of filing, certificate of status, and for a certified copy.

Thank you for processing the enclosed paperwork. I look forward to hearing from you.

Sincerely,



Kenny Crawley  
MGR - 5 D Records, L.L.C.

Enclosure

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
08 MAR - 4 PM 4:21

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: SD RECORDS  
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

KENNY CRAWLEY  
(Name of Person)

\_\_\_\_\_  
(Firm/Company)

4636 HIDDEN FOREST DR  
(Address)

SARASOTA, FL 34235  
(City/State and Zip Code)

For further information concerning this matter, please call:

KENNY CRAWLEY at (941) 993-4160  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☐ \$125.00 Filing Fee    ☐ \$130.00 Filing Fee & Certificate of Status    ☐ \$155.00 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 Address**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
08 MAR - 4 PM 4:21

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

5 D RECORDS, LLC.

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

## ARTICLE II - Address:

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

### Principal Office Address:

4636 HIDDEN FOREST DR  
SARASOTA, FL 34235

### Mailing Address:

4636 HIDDEN FOREST DR  
SARASOTA, FL 34235

## 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:

KENNY CRAWLEY

Name

4636 HIDDEN FOREST DR

Florida street address (P.O. Box NOT acceptable)

SARASOTA FL 34235

City, State, and Zip

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
08 MAR -4 PM 4:21

*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)

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:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGR

KENNY CRAWLEY

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
08 MAR - 4 PM 4:21

(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.)

KENNY CRAWLEY  
\_\_\_\_\_  
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)**