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(Requestor's Name)

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☐ PICK-UP

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(Business Entity Name)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

T. CLINE

APR 17 2008

EXAMINER

## TRANSMITTAL LETTER

TO: REGISTRATION SECTION  
DIVISION OF CORPORATIONS

SUBJECT: LOUDMOUF RECORDS LLC

THE ENCLOSED ARTICLES OF ORGANIZATION AND FEE(S) ARE SUBMITTED FOR FILING.

PLEASE RETURN ALL CORRESPONDENCE CONCERNING THIS MATTER TO THE FOLLOWING:

LOUDMOUF RECORDS LLC  
C/O DEORUS R. DOBY  
3143 GLENRIDGE CIRCLE  
MERRITT ISLAND, FL 32953

FOR FURTHER INFORMATION CONCERNING THIS MATTER, PLEASE CALL:

DEORUS R. DOBY 321-250-0059

ENCLOSED IS A CHECK FOR THE FOLLOWING AMOUNT:

( ) \$125.00 FILING FEE    (X) \$130.00 FILING FEE & CERTIFICATE OF STATUS    ( ) \$155.00 FILING FEE & CERTIFIED COPY\*    ( ) \$160.00 FILING FEE & CERTIFICATE OF STATUS & CERTIFIED COPY\*

\*(ADDITIONAL COPY ENCLOSED)

**STREET ADDRESS:**

REGISTRATION SECTION  
DIVISION OF CORPORATIONS  
409 E. GAINES STREET  
TALLAHASSEE, FL 32399

**MAILING ADDRESS:**

REGISTRATION SECTION  
DIVISION OF CORPORATIONS  
P O BOX 6327  
TALLAHASSEE, FL 32314

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TALLAHASSEE, FLORIDA

**ARTICLES OF ORGANIZATION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE 1- NAME**

**THE NAME OF THE LIMITED LIABILITY COMPANY IS:**

**LOUDMOUF RECORDS LLC**

**ARTICLE II - ADDRESS**

THE MAILING ADDRESS AND STREET ADDRESS OF THE PRINCIPAL OFFICE OF THE LIMITED LIABILITY COMPANY IS:

**PRINCIPAL OFFICE ADDRESS**

3143 GLENN RIDGE CIRCLE  
MERRITT ISLAND, FL 32953

**MAILING ADDRESS**

SAME

**ARTICLE III - REGISTERED AGENT, REGISTERED OFFICE &  
REGISTERED AGENT'S SIGNATURE:**

THE NAME AND THE FLORIDA STREET ADDRESS OF THE REGISTERED AGENT IS:

DEORUS R. DOBY

3143 GLENRIDGE CIRCLE

MERRITT ISLAND, FL 32953

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TALLAHASSEE, FLORIDA

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

**ARTICLE IV - MANAGER(S) OR MANAGING MEMBER IS AS FOLLOWS:**

THE NAME AND ADDRESS OF EACH MANAGER OR MANAGING MEMBER IS AS FOLLOWS:

TITLE:

NAME & ADDRESS

"MGR"= MANAGER

"MGRM"= MANAGING MEMBER

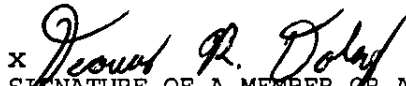
MGR

DEORUS R. DOBY  
3143 GLENRIDGE CIRCLE  
MERRITT ISLAND, FL 32953

MGRM

NOTE: AN ADDITIONAL ARTICLE MUST BE ADDED IF AN EFFECTIVE DATE IS REQUESTED.

**REQUIRED SIGNATURE:**

x 

SIGNATURE OF A MEMBER OR AN AUTHORIZED REPRESENTATIVE OF 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.)

DEORUS R. DOBY  
TYPED OR PRINTED NAME OF SIGNEE

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**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)