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Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850) 617-6383

From:
Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC
Account Number : 075350000353
Phone : (212) 431-5000
Fax Number : (212) 431-1441

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TALLAHASSEE, FLORIDA

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FLORIDA/FOREIGN LIMITED LIABILITY CO.

FLAVA RECORDS, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

T. CLINE

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Corporate Filing Menu

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EXAMINER

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**ARTICLE I - Name:**

The name of the Limited Liability Company is:

FLAVA RECORDS, LLC**ARTICLE II - Address:**

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

Principal Office Address:c/o KEMAR McGREGOR, 1595 NE 135TH STREET
APRARTMENT 419
NORTH MIAMI, FL 33161**Mailing Address:**c/o KEMAR McGREGOR, 1595 NE 135TH STREET
APRARTMENT 419
NORTH MIAMI, FL 33161**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

The name and the Florida street address of the registered agent are:

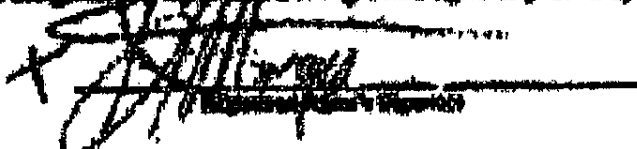
KEMAR McGREGOR

Name

1595 NE 135TH STREET, APRARTMENT 419Florida street address (P.O. Box **NOT** acceptable)NORTH MIAMI, FL 33161

City, State, and Zip

I, the undersigned, do hereby agree to accept service of process for the above named limited liability company at the place designated in the certificate. I hereby accept the appointment as registered agent and agree to act in that capacity. I further agree to comply with the provisions of all statutes relating to the proper and prompt performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.



Registered Agent's Signature

(CONTINUED)

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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:

MGRM

KEMAR McGREGOR

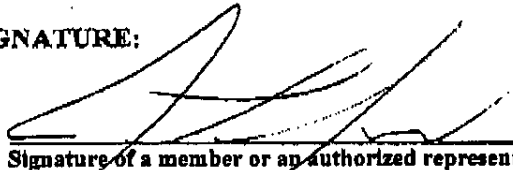
1595 NE 135TH STREET, APARTMENT 419

NORTH MIAMI, FL 33161

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

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.)

JUSTIN T. REED, Organizer

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)

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