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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:	
(Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status	(Requestor's Name)
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SECRETARY OF STATE OF CORPORATIONS

J. BRYAN

AUG 28 2008

**EXAMINER** 

## **COVER LETTER**

TO:

. Registration Section

**Division of Corporations** SUBJECT: INPASSING MUSIC LLC. (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: Troy M. Lano (Name of Person) INPASSING MUSIC LLC. (Firm/Company) 639 Rapid Falls Dr. (Address) Brandon, FL 33511 (City/State and Zip Code) For further information concerning this matter, please call: Trov M. Lano (Name of Person) Enclosed is a check for the following amount: \$125.00 Filing Fee \$130.00 Filing Fee & \$155.00 Filing Fee & \$160.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) (additional copy is enclosed) Mailing Address Street/Courier Address Registration Section Registration Section **Division of Corporations** Division of Corporations P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle

Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLES OF ORGANIZATION FOR FI	ORIDA LIIVITED LIABILITY COMPANY
The name of the Limited Liability Company is:	lity Company, "L.L.C.," or "LLC.")
INPASSING MUSIC LLC.	<b>3</b>
(Must end with the words "Limited Liabil	lity Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the pr	rincipal office of the Limited Liability Company is
The maning address and succe address of the pr	incipal office of the Elimited Elaolity Company is
Principal Office Address:	Mailing Address:
639 Rapid Falls Dr.	639 Rapid Falls Dr.
Brandon, FL 33511	Brandon, FL 33511
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regist business entity with an active Florida registration.)  The name and the Florida street address of the registration.	tered Agent. You must designate an individual or another
Troy M. Lano Name	
639 Rapid Falls Dr. Florida street add	dress (P.O. Box NOT acceptable)
Brandon, FL 33511 City, State, a	FL and Zip

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 (REOURED)

ARTICLE IV- Manager(s) or Managing Membe	er(s	S	)
------------------------------------------	------	---	---

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

	639 Rapid Falls Dr.  Brandon, FL 33511
MGRM	Brooks R. Potteiger 10511 Sedgebrook Dr Riverview, FL 33569
MGRM	Robert L. Clay 6407 Lakeville Rd. Orlando, FL 32818
<del></del>	
(Use attachment if necessary)	
	un the date of filing: (OPTIONA ust be specific and cannot be more than five business da

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.)

Troy M. Lano

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)