

L08000113/33

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H08000270806 3)))



H080002708063ABC+

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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

From: Account Name : EMPIRE CORPORATE KIT COMPANY
Account Number : 072450003255
Phone : (305) 634-3694
Fax Number : (305) 633-9696

FILED
2008 DEC 10 AM 10:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA/FOREIGN LIMITED LIABILITY CO.

decibels, llc

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

A. LUNT
DEC 11 2008
EXAMINER

RECEIVED
08 DEC 10 AM 11:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

H08000270806

ARTICLES OF ORGANIZATION
OF
Decibels, LLC

The undersigned does hereby subscribe to and file these Articles of Organization for the purpose of organizing a limited liability company under the Florida Limited Liability Company Act.

ARTICLE I
NAME

The name of this limited liability company is:
Decibels, LLC

ARTICLE II
PRINCIPAL OFFICE/MAILING ADDRESS

The principal office and mailing address of this limited liability company is:

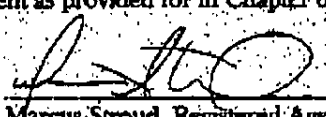
124 Century 21 Drive
Suite 7
Jacksonville, FL 32216

ARTICLE III
REGISTERED AGENT, REGISTERED OFFICE AND REGISTERED
AGENT'S SIGNATURE

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

Marcus Stroud
124 Century 21 Drive
Suite 7
Jacksonville, FL 32216

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.



Marcus Stroud, Registered Agent

2008 DEC 10 AM 10:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

Prepared by: Ingrid M. Bachelor, CPA
License No. AC-0032360
10235 W. Sample Road, Suite 205
Coral Springs, Florida 33065
(954) 762-2758

H08000270806

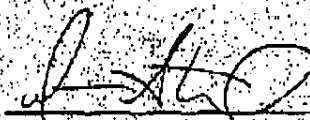
H08000270806

ARTICLE IV
MANAGEMENT

The limited liability company is to be managed by its members and is, therefore, a member-managed company. The name and address of each Manager or Managing Member is as Follows:

Marcus Stroud
124 Century 21 Drive
Suite 7
Jacksonville, FL 32216

Manager



Marcus Stroud
Authorized Representative of this Member
(In accordance with Section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under penalties of perjury that the facts stated herein are true.)

FILED

2008 DEC 10 AM 10:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

H08000270806