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| (Requestor's Name) | | | | |
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| PICK-UP WAIT MAIL | | | | |
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| (Business Entity Name) | | | | |
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| (Document Number) | | | | |
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| Certified Copies Certificates of Status | | | | |
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| Special Instructions to Filing Officer: | | | | |
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Office Use Only



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SECRETARY OF STATE STATE ONS DIVISION OF CORPORATIONS



COVER LETTER

Registration Section

TO:

| Division of C | Corporations | | |
|-------------------------|--|---|---------------------------------------|
| SUBJECT: | Jahfé M | lusic Group | |
| | (Name of Limite | ed Liability Company) | . <i>o</i> |
| | | | 9 200 |
| The analoged Articles | of Organization and fee(s) are s | submitted for filing | 五泉 |
| The enclosed Africies | of Organization and rec(s) are s | submitted for fitting. | 0 957 |
| Please return all corre | spondence concerning this matt | er to the following: | ON ISION OF EB -4 ANII 32 |
| | 0 | | 399 |
| | 16055 | (Name of Person) | |
| | <u></u> | (Name of Person) | w ar |
| | | | N 5 |
| | | | |
| .,, | | (Firm/Company) | |
| | | • | |
| | 6845 <i>s</i> | 5W 69H Terrac | e |
| | | (Address) | |
| | 4.4 | | |
| | Miami, | FL 33143 | |
| | (City | //State and Zip Code) | · · · · · · · · · · · · · · · · · · · |
| | | | |
| For further information | n concerning this matter, please | call. | |
| - | is concerning this matter, prease | · Cuii. | |
| Recel | Brie | 5/1 319- | 2703 |
| 17033 La | ne of Person) | at (561) 319-6 (Area Code & Daytime Tele | unhana Numban) |
| (IABII) | ie of Ferson) | (Area Code & Daytime Tele | ephone Number) |
| | | | |
| 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 & |
| | | (additional copy is enclosed) | Certified Copy |
| | | | (additional copy is enclosed) |
| | | | |
| | Mailing Address | Street/Courier Address | |
| | Registration Section | Registration Section | |
| | Division of Corporations | Division of Corporations | |
| | P.O. Box 6327 Tallahassee, FL 32314 | Clifton Building 2661 Executive Center C | lircle |
| | 1 miningsoo, 1 11 141 17 | Tallahassee FI 32301 | ·II O I O |

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Name: The name of the Limited Liability Compan | y is: | | | |
|---|--|--|--|--|
| Jahfé Music (Must end with the words "Limited | Group L.L.C. Liability Company, "L.L.C.," or "LLC.") | | | |
| ARTICLE II - Address: The mailing address and street address of the | ne principal office of the Limited Liability Company is | | | |
| Principal Office Address: | Mailing Address: | | | |
| 6845 SW 69th Terrace Miami, FL 33143 | 6845 SW 69 th Terrace Miami, FL 33143 | | | |
| | ered Office, & Registered Agent's Signature: Registered Agent. You must designate an individual or another | | | |
| The name and the Florida street address of | the registered agent are: | | | |
| Ross | LaBrie | | | |
| N | ame | | | |
| 6845 : | SW 69th Terrace | | | |
| Florida street address (P.O. Box NOT acceptable) | | | | |
| Mia | ni, FL 33143 tate, and Zip | | | |
| City, St | tate, and Zip | | | |
| liability company at the place designated | d to accept service of process for the above stated limited I in this certificate, I hereby accept the appointment as pacity. I further agree to comply with the provisions of a | | | |

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)

| <u>Title:</u> "MGR" = Manage | er | Name and Address: |
|---|--|--|
| "MGRM" = Mana | | 1/ |
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| Alse attachment if | f necessary) | |
| (Use attachment if | | |
| LE V: Effective da | ate, if other than the da | ate of filing: (OPTIC |
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| LE V: Effective da fective date is liste days after the dat REQUIRED SIG | ate, if other than the dated, the date must be specific of filing.) NATURE: | te of filing: (OPTIC pecific and cannot be more than five business and cannot be more than five business are an authorized representative of a member. |
| LE V: Effective da fective date is liste days after the dat REQUIRED SIG | ate, if other than the dated, the date must be specific of filing.) NATURE: Signature of a member of the date must be specific or the date must be specificated and the date must be specific or the date must be specificated and the date must be specific or the date must be specificated and the date must be specific or the date must be specificated and the date must be specific or the date must be specificated and the date must be specific or the date must be specificated and the date must be specific or the date must be specificated and the date must be specific or the date must be specif | r an authorized representative of a member. n 608.408(3), Florida Statutes, the execution es an affirmation under the penalties of perjury |

\$125.00 Filing Fee for Articles of Organization and Designation

Filing Fees:

of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)

Article IV

(Attachment)

| 1.) | MGRM | William Mills 6845 SW 69th Terrace, Miami, Fl 33143 |
|-----|------|--|
| 2.) | MGRM | Zach Morillo 2200 SW 57th Court, Miami, FL 33155 |
| 3.) | MGRM | Hunter Parmentier 2200 SW 57th Court, Miami, FL 33155 |
| 4.) | MGRM | Sasha Sanon 171 NE 116 th St., Miami, FL 33161 |
| 5.) | MGRM | Esther Fortune 1140 NE 201 Terrace, N. Miami Beach. FL 33179 |