## 609000034026

(Requestor's Name)
(Address)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Basiless Cliny Halle)
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## T. CLINE

APR - 8 2009

**EXAMINER** 

SECRETARY OF STATE ALLAHASSEE, FLORIDA

## **COVER LETTER**

TO: Registration Section Division of Corporation			
SUBJECT: The	Sound S	Thop LLC Liability Company)	- 
	(Name of Emmed	Ciaomity Company)	
The enclosed Articles of Org	ganization and fee(s) are sub	omitted for filing.	
Please return all corresponde	ence concerning this matter	to the following:	
$\mathbb{B}^{n}$	JCC E.	Jewell	
The ?	Sound S	hame of Person)	
	(Fi	rm/Company)	
_338_	NW Hill	s boro St	
Lake	City	FL 3205	.5
	(City/Si	tate and Zip Code)	·
For further information conc	erning this matter, please ca	Н:	
Bruce E (Name of Pe	Jewell at serson)	(Area Code & Daytime Tele	- 1963 phone Number)
Exclosed is a check for the	following amount:		
\$125.00 Filing Fee \$\sigma\$\$	130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Re Di	ailing Address egistration Section vision of Corporations O. Box 6327	Street/Courier Address Registration Section Division of Corporations Clifton Building	09 TALL

Tallahassee, FL 32314

O9 APR -8 PH 1: OL SECKE FARY OF STATE ALLAHASSEE, FLORIDA

2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
The Sound (Must end with the words "Limited Liabil)	Shop LLC ity Company, "M.L.C.," or "LLC.")
ARTICLE II - Address:	incipal office of the Limited Liability Company is
Principal Office Address:	Mailing Address:
,	338 NW Hills boro S
Lake City Ft 32055	Lake City fl 3205.
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)	Office, & Registered Agent's Signature: ered Agent. You must designate an individual or another
The name and the Florida street address of the re	
Bruce E	. Jewell
338 NW F	tillsbom St
Florida street add	ress (P.O. Box <u>NOT</u> acceptable)
City, state, as	FL 3405 S nd Zip
liability company at the place designated in the registered agent and agree to act in this capacity statutes relating to the proper and complete per	accept service of process for the above stated limited his certificate, I hereby accept the appointment as I further egree to comply with the provisions of a rformance of my duties, and I am familiar with and
The same	tered agen as provided for in Chapter 608, F.S
Registered Agent's Signatu	APR - 8 PH ASSEE, F
(CONTINU	JED) Symptom

Title: "MGR" = Manager	Name and Address:
MGRM" = Managing Member	
MGRM	Bruce Jewell 338 NW Hills How Lake City # 320
·	
effective date is listed, the date m	n the date of filing: 4/08/09. (OPTION ust be specific and cannot be more than five business d
CLE V: Effective date, if other tha	n the date of filing: 4/08/09. (OPTION ust be specific and cannot be more than five business d

\$125.00 Filing Fee for Articles of Organization and Designation

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