## L09000044955

•
(Requestor's Name)
(Address)
(Address)
•
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Eddiness Entry Name)
(Document Number)
(Document Number)
Certified Copies Certificates of Status
A ! !
Special Instructions to Filing Officer
MAY - 8 2009
EXAMINER
•

Office Use Only



500155357065

05/07/09--01041--006 \*\*125.00

SEGRETARY OF STATE.

09 MAY -7 PH 1: 1

## **COVER LETTER**

**Registration Section** 

TO:

Division of Corporations	
SUBJECT: Bad Guy Music Group,	LLC
SOBGET:	ted Liability Company)
The enclosed Articles of Organization and fee(s) are	submitted for filing
	_
Please return all correspondence concerning this ma	tter to the following:
Matthew D. Liebenhaut	
	(Name of Person)
Carr Allison Law Firm	
	(Firm/Company)
305 S. Gadsden St.	
	(Address)
Tallahassee, FL 32303	
(Ci	ty/State and Zip Code)
For further information concerning this matter, pleas	e call:
Matthew Liebenhaut	at ( 850 ) 222-2107
(Name of Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:	
\$125.00 Filing Fee \$\times \text{Certificate of Status}\$	S155.00 Filing Fee & S160.00 Filing Fee, Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporations Clifton Building 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:

ARTICLE II - Address:	nited Liability Company, "L.L.C.," or "LLC.")  of the principal office of the Limited Liability Com	many is
Principal Office Address:	Mailing Address:	pany 15
3215 SW 52nd Ave.	3215 SW 52nd Ave.	
Hollywood, FL 33021	Hollywood, FL 33021	
The name and the Florida street address  Eddie Boyd  1201 Mountba  Florida  Tallahassee, F	Name  Name  Atten Rd.  Astreet address (P.O. Box NOT acceptable)  Name  Name  Name  Name  Name  Name  Name  Name  Name  Not of STATE  RDA  Not of STATE  Name  Not of	
Cit Having been named as registered agen.	ty, State, and Zip  It and to accept service of process for the above stated attended in this certificate, I hereby accept the appointment	

(CONTINUED)
Page 1 of 2

## ARTICLE IV- Manager(s) or Managing Member(s):

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

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Men	Name and Address:
MGRM	Eddie Boyd
	1201 Mountbatten Rd.
	Tallahassee, FL 32301
MGRM	Clementa Johnson
<del></del>	3215 SW 52nd Ave. Apt. #52
	Pembroke Park, FL 33023
	77
	<u> </u>
	7.P. 0F 0
(Use attachment if necessary	<i>y</i> )
	r than the date of filing: (OPTION te must be specific and cannot be more than five business date.)
<u>REQUIRED</u> SIGNATURI	D:
Signature o	f a member or an authorized representative of a member.
(In accordar	nce with section 608.408(3), Florida Statutes, the execution ment constitutes an affirmation under the penalties of perjury

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)

Eddie Boyd

Typed or printed name of signee