

L0900011405

(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:

L. SELLERS

NOV 19 2009

EXAMINER

[Signature]

Office Use Only



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09 NOV 18 AM 8:01
SECRETARY OF STATE
TALLAHASSEE FLORIDA

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Mother Earth Music Fest 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:

Debora Schmeltz
Name of Person

Mother Earth Music Fest LLC
Firm/Company

P.O. Box 1083
Address

New Smyrna Beach Florida 32170-1083
City/State and Zip Code

chair@motherearthmusicfest.com
E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call:

Debora Schmeltz days at (386) 957 1854
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

%\$125.00 Filing Fee	%\$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)
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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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 20, 2009

DEBORA SCHMELTZ
P.O. BOX 1083
NEW SMYRNA BEACH, FL 32170-1083

SUBJECT: MOTHER EARTH MUSIC FEST LLC
Ref. Number: W09000046764

We have received your document for MOTHER EARTH MUSIC FEST LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please complete the highlighted areas of the form to provide a complete address.,

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6967.

Leslie Sellers
Regulatory Specialist II

Letter Number: 709A00033534

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Mother Earth Music Fest LLC

(Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

1881 Bayview Drive New Smyrna Bch, FL 32168

Mailing Address:

P.O Box 1083

New Smyrna Beach FL
32170-1083

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Debora Schmelztz

N ame

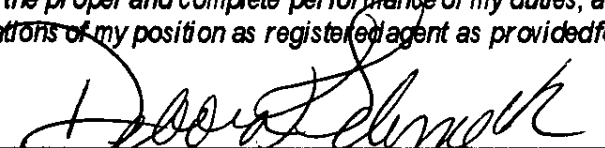
1881 Bayview Drive

Florida street address (P.O. Box **NOT** acceptable)

New Smyrna Beach Florida 32168

City, State, 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 (REQUIRED)

(CONTINUED)

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TALLAHASSEE FLORIDA

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

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

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

<u>MGRM</u>	<u>Debora Schmeltz</u>
	<u>1881 Bayview Drive</u>
	<u>New Smyrna Beach, Florida 32168</u>
<u>MGRM</u>	<u>Riose Traub</u>
	<u>3800 Woodbriar Trail</u>
	<u>Port Orange FL 32127</u>
<u>MGRM</u>	<u>Pam Crawford</u>
	<u>817 E 15th Ave</u>
	<u>New Smyrna Beach, FL 32169</u>
<u>MGRM</u>	<u>Geona Ray</u>
	<u>216 Devon St</u>
	<u>Port Orange FL 32127</u>

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____: (OPTIONAL)
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

REQUIRED SIGNATURE:


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.)

Debora Schmeltz

Typed or printed name of signer

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)

FILED
09 NOV 18 AM 8:01
SECRETARY OF STATE
TALLAHASSEE FLORIDA

MGRM

Candy Janda
176 Azalea Rd
Edgewater, FL

MGRM

April DeSimone
504 Palmetto Ave
New Smyrna Beach, FL 32168