

L09000120793

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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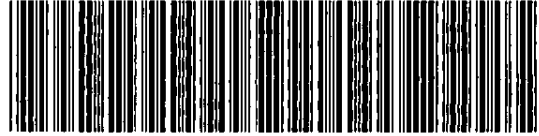
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

W09-53955
BRYAN DEC 11 2009

J. BRYAN

DEC 21 2009

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Music Studio of Coral Springs 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:

Carol A. Di Nanno
Name of Person

Music Studio of Coral Springs
Firm/Company

3300 University Drive Suite 225
Address

Coral Springs, FL 33065
City/State and Zip Code

Carol@esaleco.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Carol A. Di Nanno at (954) 753-4821
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)

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 11, 2009

CAROL A DINONNO
MUSIC STUDIO OF CORAL SPRINGS
3300 UNIVERSITY DRIVE, SUITE 225
CORAL SPRINGS, FL 33065

SUBJECT: MUSIC STUDIO OF CORAL SPRINGS LLC
Ref. Number: W09000053955

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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We have received your document for MUSIC STUDIO OF CORAL SPRINGS 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):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

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) 245-6043.

Joey Bryan
Regulatory Specialist II

Letter Number: 609A00037843

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Music Studio of Coral Springs 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:

3300 University Drive
Suite 225
Coral Springs, FL 33065

Mailing Address:

3300 University Drive
Suite 225
Coral Springs, FL 33065

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:

Diane K. Sommerer, Esq.

Name

3300 University Drive

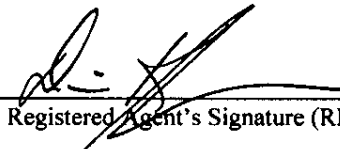
Florida street address (P.O. Box **NOT** acceptable)

Coral Springs,, FL 33065 FL

City, State, and Zip

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TALLAHASSEE, FLORIDA

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)

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:

Carol A. DiNonno, MGR

10840 NW 40th Street

Coral Springs, FL 33065

Lance F. DiNonno, MGRM

10840 NW 40th Street

Coral Springs, FL 33065

(Use attachment if necessary)

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TALLAHASSEE, FLORIDA

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:

Carol A DiNonno

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.)

Carol A. DiNonno

Typed or printed name of signee

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)