

**L10000017539**

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(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:

Office Use Only

EFFECTIVE DATE 2/9/10



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02/15/10--01006--008 \*\*155.00

**FILED**  
10 FEB 15 PM 12:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**D. BRUCE**

FEB 16 2010

**EXAMINER**

**TO** FL Division of Corporations

**FROM** David J. Fitzgerald  
6824 Guilford Bridge Dr.  
Apollo Beach, FL 33572  
813.748.3442  
[dave.fitzgerald@me.com](mailto:dave.fitzgerald@me.com)

**RE** Cover Letter

To Whom it may Concern,

Enclosed please find the necessary information for my requested "LLC" --  
**Dave Fitzgerald Music, LLC or DFM, LLC.** As is a check in the amount of \$155.00 for  
the Filing Fee and Certified Copy.

All my contact information is included as you have requested.

Sincerely,



2/9/10

David J. Fitzgerald  
6824 Guilford Bridge Dr.  
Apollo Beach, FL 33572  
813.748.3442  
[dave.fitzgerald@me.com](mailto:dave.fitzgerald@me.com)

**FILED**  
10 FEB 15 PM 12:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

DAVE FITZGERALD MUSIC - 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:

6824 GUILFORD BRIDGE DR.  
APOLLO BEACH, FL 33572

#### Mailing Address:

6824 GUILFORD BRIDGE DR.  
APOLLO BEACH, FL 33572

### 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:

DAVID J. FITZGERALD  
Name  
6824 GUILFORD BRIDGE DR.  
Florida street address (P.O. Box NOT acceptable)  
APOLLO BEACH FL 33572  
City, State, and Zip

FILED  
10 FEB 15 PM 2:00  
SECRETARY OF STATE  
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..*

David J. Fitzgerald  
Registered Agent's Signature (REQUIRED)

EFFECTIVE DATE

2/9/10

**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:**

MGR

DAVID J. FITZGERALD  
6824 GUILFORD BRIDGE DR.  
APOLLO BEACH, FL 33572

MGRM

CHRISTY K. FITZGERALD  
6824 GUILFORD BRIDGE DR.  
APOLLO BEACH, FL 33572

\_\_\_\_\_

\_\_\_\_\_


\_\_\_\_\_

\_\_\_\_\_

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 2/9/10 (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.)

DAVID J. FITZGERALD  
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  
10 FEB 15 PM 12:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA