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FILED 10 APR -1 PH 1: 45 SECRETARY OF STATE SECRETARY OF STATE

J. BRYAN

APR -2 2009

EXAMINER

COVER LETTER

TO: Registration Division of C			
SUBJECT:	Piano Liquic Namedi Limi	Sations Unlimited Liability Company	ted LLC
The enclosed Articles	of Organization and fee(s) are	submitted for filing.	
Please return all corres	pondence concerning this mat	tter to the following:	32g 3
	Bob Ke	20164 Name of Person	景で
	Pianos	Direct LLC Firm/Company	RY OF STATE
		Hal Parkway	#1720
	Altamonte	Sorwos Fc ty/State and Zap Code	32714
	E-mail address: (to be used	IDS (a) AOL . COM for future annual report notification)	
For further information	concerning this matter, pleas	se call:	
Bob Ke	enney of Person	at (407) 774 - Area Code & Daytime Tele	2667 ephone Number
Enclosed is a check f	or the following amount:	. //	
□\$125.00 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address Registration Section	Street/Courier Address Registration Section	

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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:	高音で
	ons Unlimited LLEG 3 TO y Company. "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the print	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
303 E. Altamente Do. #1225 Altamente Springs, FL 32701	303 E. Altamorte Dr. #1225 Altamorte Springs, FL 32701
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registe business entity with an active Florida registration.)	
The name and the Florida street address of the re	•
Robert k	lenney
285 W. Ceratra Florida street addr	ess (P.O. Box NOT acceptable)
Altamonte Spring City, State	(FL 3271 4- e, and 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	ccept service of process for the above stated limited his certificate, I hereby accept the appointment as I further agree to comply with the provisions of all formance of my duties, and I am familiar with and tered agent as provided for in Chapter 608, F.S
registered regent 3 dignatu	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1

(CONTINUED)
Page 1 of 2

Title: "MGR" = Manager "MGRM" = Managing Member WGR Name and Address "MGRM" = Managing Member WGR Plane A 102 Ceda Longwea No Altame (Use attachment if necessary) CLE V: Effective date, if other than the date of filing: effective date is listed, the date must be specific and cannot be days after the date of filing.) REQUIRED SIGNATURE: (In accordance with section 608.408(3), Plorida Stof this document constitutes an affirmation under that the facts stated herein are true.)		
MGR NGRM Piane d So3 E, Altame (Use attachment if necessary) CLE V: Effective date, if other than the date of filing: April effective date is listed, the date must be specific and cannot be do days after the date of filing.) REQUIRED SIGNATURE: Signature of a member or an authorized repres (In accordance with section 608.408(3), Plorida St of this document constitutes an affirmation under	ss:	APR - I
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	itutes, the execution ne penalties of perju	n ury
Bob Kenney Typed or printed name of sign		

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional)\$ 5.00 Certificate of Status (Optional)