-L10000036482

(Requestor's Name) (Address) (Address)	800173958418			
(City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name)	04/02/1001020012 **130.00			
(Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:				
A. LUNT				

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APR - 5 2010

EXAMINER

COVER LETTER

TO:

Registration Section

Division of Co	orporations			
CURLEGE Music M	lakers of Boca, LLC			
SUBJECT: Music iv		ed Liability Com	ıpany	
The enclosed Articles o	f Organization and fee(s) are	submitted for fil	ing.	
Please return all corresp	ondence concerning this matt	ter to the followi	ng:	
Deborah War	ren-Chavez			
		Name of Person		
		Firm/Company		
19141 Fox La	ndina Drive			
101111000	Training 511110	Address		
Boca Raton, f	=1 33434			
Boca Italon, i		y/State and Zip Co	ode	
musicmakers	ofboca@gmail.com	A A .		
	E-mail address: (to be used to		eport notificatio	on)
For further information	concerning this matter, please	e call:		
Deborah Warren-C	havez	_ at (_917	₎ 570-70	
Name	of Person	Area Co	ode & Daytime	Telephone Number
Enclosed is a check for	or the following amount:			
□\$125.00 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	Certified C		\$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	Registi Divisio Cliftor 2661 E	Courier Addiration Section on of Corporate Building Executive Centers assee, FL 3236	tions ter Circle

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ed Liability Company is:
ed Liability Company is:
ed Liability Company is:
gent's Signature: n individual or another
e)
1

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)

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" = Mar "MGRM" = M	nager Ianaging Member	Name and Address:	
MGR		Deborah Warren-Chavez 19141 Fox Landing Drive Boca Raton, FL 33434	
			<u>-</u>
			- - -
			-
			_
,	ent if necessary)	date of filing: (OPTI)	- Ona i
CLE V: Effecti	ve date, if other than the listed, the date must be	date of filing: (OPTIO	ONAL
CLE V: Effecti effective date is 90 days after the	ve date, if other than the listed, the date must be	date of filing: (OPTIO	ONAI s days
CLE V: Effecti effective date is 90 days after the	ve date, if other than the listed, the date must be date of filing.) SIGNATURE:	e specific and cannot be more than five business	ONAI s days
CLE V: Effecti effective date is 90 days after the	ve date, if other than the listed, the date must be date of filing.) SIGNATURE: Signature of a member (In accordance with sec	e specific and cannot be more than five business or an authorized representative of a member. extion 608.408(3), Florida Statutes, the execution litutes an affirmation under the penalties of perjury	ONAI s days

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)