L16000049348

(Req	uestor's Name)	
(Add	ress)	
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(City/State/Zip/Phone #)		
PICK-UP	MAIT WAIT	MAIL
(Business Entity Name)		
(Document Number)		
Certified Copies	Certificates	s of Status
Special Instructions to Filing Officer:		

Office Use Only



200169040032

05/04/10--01005--022 **16.50

02/18/10--01024--020 **113.75



S. HAWKES MAY 0 5 2010

EXAMINER

S. HAWKES FEB 1 9 2010

EXAMINER

10 8840



February 22, 2010

ANGELA MACK PO BOX 310067 TAMPA, FL 33680

SUBJECT: HOLYBOY RECORDZ, LLC

Ref. Number: W10000008840

We have received your document for HOLYBOY RECORDZ, LLC and your check(s) totaling \$113.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6955.

Letter Number: 010A00004303

Suzanne Hawkes Regulatory Specialist II

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314

COVER LETTER

Division of Corporations
SUBJECT: HOLYBOYBECORDS Name of Limited Liability Company
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:
THERESA HARDY Name of Person
HOIY BOY RECORDZI Firm/Company
Firm/Company
P.O. BOX 310067
Address
TAMPA FL, 33610 City/State and Zip Code
City/State and Zip Code
HOLYBOYRECORDZQ VAHOO, COM E-maji address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Reggie Lewis at 8/3 785-726/
Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\sum \text{S130.00 Filing Fee & S155.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed)} \$\sum \text{Certified Copy (additional copy is enclosed)}}
Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	400
The name of the Limited Liability Company is:	E 35
HolyBoyRecordz	UC.
(Must end with the words "Limited Liabil	ity Company," "L.L.C.," or "LLC.")
ARTICLE II - Address:	of a
The mailing address and street address of the pr	incipal office of the Limited Liability Company is:
	•
Principal Office Address:	Mailing Address:
5312 Roberta Lane	PO BOX 310067
TAMPA, F133617	TAMPA, 33610
V J	1 - /
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registered)	

business entity with an active Florida registration.)

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

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..

Page 1 of 2 (CONTINUED)

The name and address of each Mana	iger or Managing Member is as follows:
Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:
President	Reggie Lowis
VICE	5312 Roberta Lane
Vice President	Demetrius Lewis ROBEX 1657 WESLEY
"MGRM"	Theresa Hardy
"MGRM"	1AMPLF1 33610
(Use attachment if necessary)	PO BOX 3000T
ARTICLE V: Effective date, if other than the If an effective date is listed, the date must loor 90 days after the date of filing.)	e date of filing: (OPTIONAL) be specific and cannot be more than five business days prior
REQUIRED SIGNATURE:	J 6
Signature of a memb	oer or an authorized representative of a member.
	ection 608.408(3), Florida Statutes, the execution stitutes an affirmation under the penalties of perjury

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

that the facts stated herein are true.)

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

Typed or printed name of signee