

# L10000055613

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

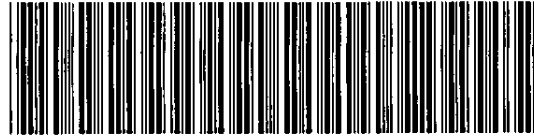
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



500181250265

12/04/09--01041--005 \*\*138.75

FILED  
2010 MAY 21 PM 4:04  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

C. LEWIS

MAY 24 2010

EXAMINER

MAY 18, 2010

REGISTRATION SECTION  
DIVISION OF CORPORATIONS  
PO BOX 6327  
TALLAHASSEE, FL 32314

RE: ARTICLES OF ORGANIZATION  
24HOURHIPHOP.COM, LLC  
REGISTRATION SECTION

ATT: CAROLINE LOUIS

ENCLOSED IS THE ARTICLES OF ORGANIZATION 24HOURHIPHOP.COM, LLC.

WE PREVIOUSLY MAILED A CHECK FOR \$138.75, PLEASE APPLY THIS

AMOUNT FOR THE FILING FEE FOR THE NEW CORPORATION

THANK YOU IN ADVANCE FOR ALL YOUR HELP.

SINCERELY



ELVIN PRINCE  
24HOURHIPHOP.COM, LLC

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: 24HOURHIPHOP.COM, 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:

KENNETH MCCOY

Name of Person

KENNETH W. MCCOY, P.A.

Firm/Company

15271 NW 60TH AVE STE 203

Address

MIAMI LAKES, FL 33014

City/State and Zip Code

KMCCOYPA@BELLSOUTH.NET

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

KENNETH MCCOY

Name of Person

at ( 305 )

698-698-9001

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |   |
|--|--|--|---|
| <input type="checkbox"/> \$125.00 Filing Fee | <input checked="" type="checkbox"/> \$130.00 Filing Fee &<br>Certificate of Status | <input checked="" type="checkbox"/> \$155.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$160.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

24HOURHIPHOP.COM, 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:

1354 WASHINGTON AVE

SUITE 221

MIAMI, FL 33137

#### Mailing Address:

601 NE 36TH ST

#2405

MIAMI, FL 33137

### 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:

ELVIN H. PRINCE

Name

601 NE 36TH ST #2405

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

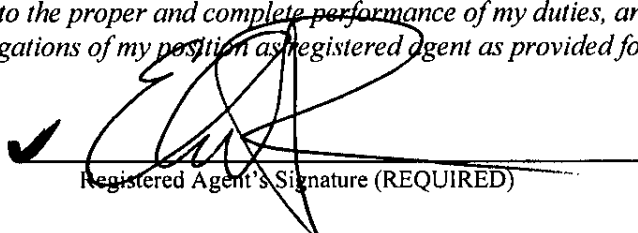
MIAMI

FL 33137

City, State, and Zip

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2010 MAY 21 PM 4:04  
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.*

  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

FILED

**ARTICLE IV- Manager(s) or Managing Member(s):**

The name and address of each Manager or Managing Member is as follows:

2010 MAY 21 PM 4: 04

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MGRM

ELVIN H. PRINCE

601 NE 36TH ST #2405

MIAMI, FL 33137

\_\_\_\_\_

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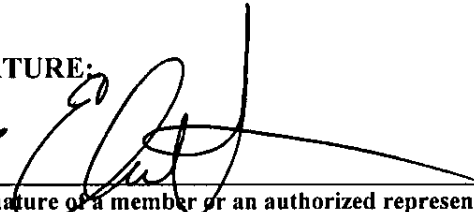
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(Use attachment if necessary)

**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:**

✓  \_\_\_\_\_  
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.)

ELVIN PRINCE

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)**