

L10000070534

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

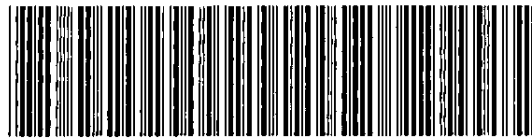
(Business Entity Name)

(Document Number)

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

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DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

10 JUL -2 PM 2:37

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

10 JUL -2 PM 2:44

S. HAWKES

AUG 13 2010

EXAMINER

S. HAWKES

AUG 2 2010

EXAMINER

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Trouble City Record's / New Breed ENT, 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:

Julian L Graham  
Name of Person

Trouble City Record's / New Breed ENT, LLC  
Firm/Company

769 Eagle View Dr  
Address

Tallahassee, FL 32311  
City/State and Zip Code

Trouble City Record's / New Breed ENT, LLC  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Julian L Graham at (850) 320-2786  
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

<input type="checkbox"/> \$125.00 Filing Fee	<input type="checkbox"/> \$130.00 Filing Fee & Certificate of Status	<input type="checkbox"/> \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	<input type="checkbox"/> \$160.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
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**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:

Trouble City Records / New Breed ENT, 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:

Mailing Address:

769 Eagle View Dr  
Tallahassee, FL 32311

Same

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:

Julian L Graham  
Name

769 Eagle View Dr  
Florida street address (P.O. Box NOT acceptable)

Tallahassee, FL 32311  
City, State, and Zip

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..

[Signature]  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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10 JUL -2 PM 4:46  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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

Bobby G Graham  
769 Eagle View Dr  
Tallahassee FL 32311

MGR

Mickey Graham  
769 Eagle View Dr  
Tallahassee FL 32311

MGRM

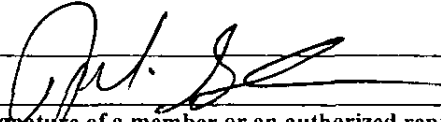
Julian L Graham  
769 Eagle View Dr  
Tallahassee FL 32311

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: 7-2-10 (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.)

Julian L Graham  
\_\_\_\_\_  
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)