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SECNETARY OF STATE
AND AHASSEE, FLORIDA

COVER LETTER

TO: Registration Division of	n Section Corporations	
SUBJECT:	Subtilis Aud	io LLC
		ed Liability Company
The enclosed Articles	s of Organization and fee(s) are	submitted for filing.
Please return all corre	espondence concerning this mat	ter to the following:
	Keuin Schl	enker
		Name of Person
		Firm/Company
) = F	
	2220 men	bley Way #102
		Addrēss
	Palm Har	bor FL 34685 y/State and Zip Code
	schlenkerkol	ior future annual report notification)
	E-mail address: (to be used t	or future annual report notification)
For further information	on concerning this matter, please	call:
Kevin	Schlenker	at (727) 643-1182 Area Code & Daytime Telephone Number
Nan	ne of Person	Area Code & Daytime Telephone Number
Enclosed is a check	for the following amount:	
	\$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 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:	
Subtilis Audi	io LLC
(Must end with the words "Limited Liabili	ty Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the pri	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
3550 Wembley Way Aloz Polm Harber, FL 34685 USA ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register	ared Agent Vou must designate an individual or another
business entity with an active Florida registration.) The name and the Florida street address of the re	egistered agent are:
Feuin Sch	(i o i leci
Name	· · · · · · · · · · · · · · · · · · ·
3550 Wembley Florida street addr	way #102 ress (P.O. Box NOT acceptable)
Palm Harbor City, Stat	FL 34685 e, 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..

Registered Agent's Signature (REQUIRED

(CONTINUED)
Page 1 of 2

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:	
mgrm	Kewin Schlenker 35.00 Wembley Way 41.02 Palm Harbor FL, 34685	-
·		- -
		- -
		- -
(Use attachment if necessary)		-
CLE V: Effective date, if other than the	e date of filing: $\frac{7}{27}$ date of filing: $\frac{7}{27}$ date of filing: $\frac{7}{27}$ (OPTIC) despecific and cannot be more than five business	
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CLE V: Effective date, if other than the effective date is listed, the date must be days after the date of filing.)	e specific and cannot be more than five business	
CLE V: Effective date, if other than the effective date is listed, the date must be days after the date of filing.) REQUIRED SIGNATURE:		
CLE V: Effective date, if other than the effective date is listed, the date must be do days after the date of filing.) REQUIRED SIGNATURE: Signature of a member	er or an authorized representative of a member. ction 608.408(3), Florida Statutes, the execution itutes an affirmation under the penalties of perjury	
CLE V: Effective date, if other than the effective date is listed, the date must be do days after the date of filing.) REQUIRED SIGNATURE: Signature of a member of this document constitute that the facts stated here	er or an authorized representative of a member. ction 608.408(3), Florida Statutes, the execution itutes an affirmation under the penalties of perjury rein are true.)	days 10 AUG -2 PM
CLE V: Effective date, if other than the effective date is listed, the date must be do days after the date of filing.) REQUIRED SIGNATURE: Signature of a member of this document constitute that the facts stated here	er or an authorized representative of a member. ction 608.408(3), Florida Statutes, the execution itutes an affirmation under the penalties of perjury	days 10 AUG -2 PM

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

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

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