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SECRETARY OF STATE DIVISION OF CORPERATION

T. HAMPTON

OCT 2 2 2010

EXAMINER

COVER LETTER

TO:	Registration So Division of Co				
SUBJ	ECT. PURP	URA MUSIC, LL	С		
Name of Limited Liability Company					
The er	nclosed Articles of	Organization and fee(s) are	submitted for filing.	,	
Please	return all correspo	ondence concerning this matt	er to the following:		
	Kimera J.	Hall			
			Name of Person		
	Frost Brow	wn Todd LLC			
		•	Firm/Company		
	201 N. Illi	nois Street, Suite	1900		
			Address		
	Indianapolis	s, Indiana 46244			
			y/State and Zip Code		
	kjhall@fbtlav	V.COM	or future annual report notification)		
		·		•	
For fu	rther information of	oncerning this matter, please	call:		
Kim	era J. Hall	· · ·	_at (317) 237-3892 Area Code & Daytime Telep		
	Name o	f Person .	Area Code & Daytime Telep	hone Number	
Enclo	sed is a check for	the following amount:			
\$125.0	0 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & 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 C. Tallahassee, FL 32301	irele	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:		
The name of the Limited Liability Company	18:	
PURPURA MUSIC, LLC	•	
(Must end with the words "Limited Li	ability 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:	
2930 Day Avenue, #307 Miami, Florida 33133	2930 Day Avenue, #307 Miami, Florida 33133	
business entity with an active Florida registration.) The name and the Florida street address of the Jorge Fonseca	egistered Agent. You must designate an individual or another ne registered agent are:	
Na	me	
2930 Day Aven	ue, #307	
Florida street address (P.O. Box NOT acceptable)		
Miami	_{FL} 33133	
City	State, and Zip	
liability company at the place designated is registered agent and agree to act in this capa statutes relating to the proper and complete	to accept service of process for the above stated limited in this certificate, I hereby accept the appointment as acity. I further agree to comply with the provisions of all aperformance of my duties, and I am familiar with and egistered agent as provided for in Chapter 608, F.S.	

(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: Name and Address: "MGR" = Manager "MGRM" = Managing Member MGRM Jorge Fonseca 2930 Day Avenue, #307 Miami, Florida 33133 (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

REQUIRED SIGNATURE:

to or 90 days after the date of filing.)

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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Jorge Fonseca

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)