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(City/State/Zip/Phone #)			
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SECRETARY OF STATE

B. BOSTICK

JAN 6 2011

EXAMINER

# CÓVER'LETTER

TO: Registration Section  Division of Corporations		
SUBJECT: MAGIC CITY MUSIC	C, LLC	
Sebate II	mited Liability Company	
The enclosed Articles of Organization and fee(s)	are submitted for filing.	
Please return all correspondence concerning this r	natter to the following:	
JUAN MEDEROS		
OOT WITH MEDEL 100	Name of Person	
	Firm/Company	
3545 NW 11 STREET	Address	
_	Address	
MIAMI. FLORIDA. 33125	City/State and Zip Code	
pena9138@bellsouth.net		
·	ed for future annual report notification)	
For further information concerning this matter, ple	ease call:	
JULIA PENA  Name of Person	at (305) 608-3944  Area Code & Daytime Telephone Number	
Name of Person	Area Code & Daytime Telephone Number	
Enclosed is a check for the following amount	: 	
\$125.00 Filing Fee \$\int \text{\$130.00 Filing Fee & Certificate of Status}\$	Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed) (additional copy is enclosed)	'n
Mailing Address Registration Section Division of Corporation P.O. Box 6327 Tallahassee, FL 32314	Clifton Building	

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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The name of the Limited Liability Company is:

# MAGIC CITY MUSIC, 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:
3545 NW 11 STREET	3545 NW 11 STREET
MIAMI. FLORIDA. 33125	MIAMI. FLORIDA. 33125
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)  The name and the Florida street address of the registration.	ered Agent. You must designate an individual or another
	egistered agent are.
JULIA PENA Name	(V) > 1
3545 NW 11 STR	REET Fig. 72 171
Florida street add	ress (P.O. Box NOT acceptable)
MIAMI. FLORIDA. 33125	

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..

City, State, and Zip

Registered Agent's Signature (REQUIRED)

(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:

Title:	Name and Address:	
"MGR" = Manager "MGRM" = Managing Member		
"MGR"	JUAN MEDEROS	
	3545 NW 11 STREET MIAMI. FLORIDA. 33125	
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(Use attachment if necessary)		

ARTICLE V: Effective date, if other than the date of filing: <u>JANUARY 1ST 2011</u>. (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. 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.)

## **JUAN MEDEROS**

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)