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COVER LETTER

TO:	Registration Division of	n Section Corporations	· • •	
SUBJE	·CT·	Arakamusic L	LC	
SCECE		Name of Limite	d Liability Company	
The end	closed Articles	s of Organization and fee(s) are s	ubmitted for filing.	
Please i	return all corre	espondence concerning this matte	er to the following:	
		Chris Richar	ds	
			Name of Person	
				•
•	•		Firm/Company	
		836 NE 82nd	St	
•			Address	
		Miami, FL 331	38	
-			/State and Zip Code	· · · · · · · · · · · · · · · · · · ·
-		radrich_828@m	ISN.COM or future annual report notification)	
.			•	
For fur	ther information	on concerning this matter, please	call:	
Chris	Richards	,	at (913) 226-9061	
	Nan	ne of Person	Area Code & Daytime Teleph	none Number
Enclos	ed is a check	for the following amount:		
\$125.00	Filing Fee	\$130.00 Filing Fee & Certificate of Status	Certified Copy	\$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 Cir Tallahassee, FL 32301	rcle

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is	:
Arakamusic LLC	
() I	::

(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:
836 NE 82nd St	836 NE 82nd St
Miami, FL	Miami, FL
33138	33138
	istered Office, & Registered Agent's Signature: wn Registered Agent. You must designate an individual or another of the registered agent are:
	Name - POE
8725 NE 4th	Avenue
Florida s	treet address (P.O. Box NOT acceptable)
Miami Sho	
	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..

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:

<u>Title:</u>	Name and Address:	•
"MGR" = Manager		
"MGRM" = Managing Member		
MGRM	Chris Richards	
•	836 NE 82nd St.	
	Miami, FL 33138	
MGRM	Bruno Mendez	
made share an order command from an order of the control of the co	8725 NE 4th Ave	
	Miami Shores, FL 33138	
MGRM	Michael Campillo	
	836 NE 82nd St.	
	Miami, FL 33138	
MGRM	Greg Genova	
	836 NE 82nd St.	
	Miami, FL 33138	
,	he date of filing: February 1, 2011 . (OPTIO be specific and cannot be more than five business	,
to or 90 days after the date of filing.)	Sample Co.	B
REQUIRED SIGNATURE:		11 TO
Signature of a mem	ber or an authorized representative of a member.	ARY OF STA
constitutes an affirmation une I am aware that any false info	608.408(3), Florida Statutes, the execution of this document der the penalties of perjury that the facts stated herein are true formation submitted in a document to the Department of State only as provided for in s.817.155, F.S.)	_ u n <u>∃</u> <u>=</u> <u>=</u>
Chris Richa	ards	

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)