L110000081056

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
· ·
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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Office Use Only



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EFFECTIVE DATE 07-11-11

TALLAHÄSSEE FLORID

B. BOSTICK

JUL 1 4 2011

EXAMINER

COVER LETTER

TO:	Registration of	on Section • • Corporations			
	\$				
SUBJE	CT: Live I	Music Tutor LLC			
		Name of Limite	ed Liability Com	pany	
The end	closed Article	es of Organization and fee(s) are s	submitted for fili	ng.	
Please 1	return all com	espondence concerning this matt	er to the followir	ng:	
	Jason Mei	ton Goughnour			
`			Name of Person		
	Live Music	c Tutor LLC			
•			Firm/Company		
	1170 Tree	Swallow Drive Ste. 333			
•			Address		
v	Vinter Snri	ings, FL 3278			
٧.	viritor Opin		/State and Zip Cod	de	
i	maouahna	our@gmail.com			SE SE
į	<u>g</u> <u>g</u>	E-mail address: (to be used for	or future annual re	port notification)	22 E
For furt	ther informati	on concerning this matter, please	call:		AH JUL T
					TITE COMP
Jason	Goughno		_ at (407	_ ₎ 539-4394	
	Na	me of Person	Area Coo	de & Daytime Te	lephone Number 9:
Enclos	ed is a checl	k for the following amount:			A
\$125.00	Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 File Certified Co	•	\$160.00 Filing Fee, Certificate of Status &
			(additional co	py is enclosed)	Certified Copy (additional copy is enclosed)
		Mailing Address		Courier Addres	<u>s</u>
		Registration Section Division of Corporations		ition Section n of Corporation	ns
		P.O. Box 6327	Clifton	Building secutive Center	
		Tallahassee, FL 32314		ssee, FL 32301	CHOC

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Live Music Tutor 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	he principal office of the Limited Liability Company	is:
Principal Office Address:	Mailing Address:	
Jason Goughnour	Jason Goughnour	
1170 Tree Swallow Drive Ste. 333	1170 Tree Swallow Drive Ste. 333	
Winter Springs, FL 32708	Winter Springs, FL 32708	
	nnour ကြို် ကြ	
<u> </u>	Name TC P Y	
1170 Tree Swallow Dr	rive Ste. 333 eet address (P.O. Box NOT acceptable)	
	eet address (P.O. Box NOT acceptable)	
Winter Springs	FL32708	
		
Ci	ty, 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:

	n Goughnour vallow Drive Ste. 333 gs, FL 32708
	SECULAH TALLAH
	SEE 29
	STUTE LIRIDA
(Use attachment if necessary)	

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 ponalties of perjury that the facts stated herein are true. I am awage 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.)

Jason Merton Goughnour

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)