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| (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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SECRETARY OF STATE
ALLAHASSEE, FIORIE

D. BRUCE D. BRUCE EXAMINER

COVER LETTER

| TO: | Registration Section Division of Corporations | | |
|---------|---|--|--|
| SUBJ | ECT: Cartel Music, LLC | | |
| • | | ed Liability Company | |
| The en | closed Articles of Organization and fee(s) are | submitted for filing. | |
| Please | return all correspondence concerning this mat | ter to the following: | |
| | Lo | ori Pope | |
| | | Name of Person | |
| | In Balance | Bookkeeping, Inc. | |
| | | Firm/Company | Den 🔺 |
| | 1000 Scot | tia Drive #404 | |
| | | Address | 22 - 1 |
| | Hypolux | o, FL 33462 | SSEE SSEE |
| | | y/State and Zip Code | |
| | InBalancemgmt@aol.com | | FLOR |
| · | E-mail address: (to be used i | or future annual report notification) | 0E A |
| For fur | ther information concerning this matter, please | call: | |
| | Lori Pope | at (561) 543-3737 | 7 |
| | Name of Person | Area Code & Daytime Telep | phone Number |
| Enclos | ed is a check for the following amount: | | |
| | Filing Fee \$\int_\$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 Ci | ircle |

Tallahassee, FL 32301

- 42

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY **ARTICLE I - Name:** The name of the Limited Liability Company is: Cartel 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:** 1000 Scotia Drive #404 1000 Scotia Drive #404 Hypoluxo, FL 33462 Hypoluxo, FL 33462 ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.) The name and the Florida street address of the registered agent are: Lori Pope Name 1000 Scotia Drive #404

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

Florida street address (P.O. Box NOT acceptable) $_{FL}$ 33462

Registered Agent's Signature (REQUIRED)

Hypoluxo

(CONTINUED)

Page 1 of 2

| Title: "MGR" = Manager | Name and Address: |
|---|--|
| "MGRM" = Managing Memb | |
| MGR | Lori Pope |
| | 1000 Scotle Orive #404 |
| | Hypolam, FL 33462 |
| MGRM | Marillana Pront |
| WO W | William Pugh 11075 Kimbell Creat Drive |
| | Alpharetta, GA 30022 |
| | |
| MGRM | Kevin Sanders |
| | 15 Dartmouth Avenue Avondele Estates, GA 30002 |
| • | Variation Pointed Pal Grave |
| MGRM | Micolas Hudson |
| · | 15 Dartmouth Avenue |
| | منترين و يوري المنظم |
| (Use attachment if necessary) LEV: Effective date, if other t | one more member- See attached. han the date of filing: |
| LEV: Effective date, if other t | one more member- see attached. |
| LE V: Effective date, if other ti | one more member- see attached. |
| LE V: Effective date, if other ti fective date is listed, the date days after the date of filing.) | one more member- see attached. |
| LE V: Effective date, if other ti fective date is listed, the date days after the date of filing.) | one more member- see attached. |
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| LE V: Effective date, if other the date is listed, the date days after the date of filing.) REQUIRED SIGNATURE: Signature of a (in accordance with see constitutes an affirmation any that any that | han the date of filing: |
| LE V: Effective date, if other the date is listed, the date days after the date of filing.) REQUIRED SIGNATURE: Signature of a (in accordance with see constitutes an affirmation any that any that | han the date of filing: must be specific and cannot be more than five business da must be specific and cannot be more than five business da tion 608.408(3), Florida Statutes, the execution of this document on under the penalties of perjury that the facts stated herein are true, to information submitted in a document to the Department of Statute to fishing as provided for in s.817.155, F.S.) William Pugh |

Page 2 of 2

Attachment for Article IV

Managing members

Li)add'L

MG-RM Joseph Pepper

1094 N.AVE. NE

JOSEPH REPPER 1094 N.AVE. NE APT16 Atlanta, GA 30307

11 JUL 13 PH AL: 15
FALLAHASSEE, FINDE