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ECRETABY OF STATE

COVER LETTER

·TO:	Registration Section Division of Corporations			
SUBJEC	CT: Rising Star Karaoke Ca	afe		
Name of Limited Liability Company				
The encl	closed Articles of Organization and fee(s) are s	submitted for filing		
	return all correspondence concerning this matt	-		
	-	-		
7	William G & Charlotte J C	OOK Name of Person	_	
_		Name of Ferson		
<u> </u>	Rising Star karaoke Cafe	Firm/Company		
		гипи Сопрану		
_	703 N. 7th Street	· · · · · · · · · · · · · · · · · · ·	_	
		Address		
M	Macclenny, Florida 32063		_	
14	спչ wgc703@gmail.com	y/State and Zip Code		
		or future annual report notification)		
For furth	her information concerning this matter, please	call:		
Willian	m G Cook	at (904) 259-5284		
	Name of Person	Area Code & Daytime Telephone Number		
Engloso	ed is a check for the following amount:			
\$123.00 f	Filing Fee \$\\\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & ✓ \$160.00 Filing Fee, Certified Copy Certificate of Status &	٤	
		(additional copy is enclosed) Certified Copy (additional copy is enclose	:d)	
				
	Mailing Address Registration Section	Street/Courier Address Registration Section		
	Division of Corporations P.O. Box 6327	Division of Corporations Clifton Building		
	Tallahassee, FL 32314	2661 Executive Center Circle Tallahassee, FL 32301		

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Compa	ny is:			
Rising Star Karaoke Cafe	L.L.C.			
(Must end with the words "Limite	d Liability Company, "L.L.C.," or "LLC.")			
ARTICLE II - Address: The mailing address and street address of	the principal office of the Limited Liabi	lity Company is:		
Principal Office Address:	Mailing Address:			
698-F Macclenny Ave	703 N. 7th Street			
Macclenny, Florida 32063	Macclenny, Florida 32063			
ARTICLE III - Registered Agent, Regis (The Limited Liability Company cannot serve as its own business entity with an active Florida registration.) The name and the Florida street address of	n Registered Agent. You must designate an individua	LAND SEP		
Charlotte J Cook		LE -2 -RY O		
· · · · · · · · · · · · · · · · · · ·	Name	ES ₹ D		
703 N. 7th Str	reet	AM 10: 50 F STATE F FLORIDA		
Florida str	eet address (P.O. Box NOT acceptable)			

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)

Macclenny

(CONTINUED)

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	William G Cook
	703 N. Street
	Macclenny, FI 32063
MGR	Charlotte J Cook
	703 N. 7th Street
	Macclenny, FI 32063
(Use attachment if necessary)	
ARTICLE V: Effective date, if other than	the date of filing: August 31, 2011 . (OPTIONAL)
	st be specific and cannot be more than five business days prior
to or 90 days after the date of filing.)	
	⊼ ⊗ :
DECUIDED CLOS ATURE	Eg
<u>REQUIRED</u> SIGNATURE:	
Ø n	Alto Cark. ASSE 2 M
Cha	North Cook = == ==
Signature of a me	ember or an authorized representative of a member.
(In accordance with section	n 608.408(3), Florida Statutes, the execution of this document
constitutes an affirmation	under the penalties of perjury that the facts stated herein active.
constitutes a third degree f	information submitted in a document to the Department of State elony as provided for in s.817.155, F.S.)
Charlotte J	
	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)