L11000129349

(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:				
\$160.00				
·				

Office Use Only



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OLYMSION OF SPECIFICATION

OLYMSION OF SPECIFICATION

T. CLINES.

EXAMINER

COVER LETTER

Division of	Corporations					
_{SUBJECT:} Mus	sic Lessons Expres	s, LLC				
	Name of Limite	ed Liability Comp	any			
The enclosed Article	es of Organization and fee(s) are	submitted for filin	g.			
Please return all corr	respondence concerning this matt	er to the following	g:			
Brett W	/ellman					
		Name of Person				
Music L	essons Express					
		Firm/Company				
2706 A	palachee Parkway					
2.007	palaonoo i antiray	Address				
	T I 00004					
Tallahas	see, FL 32301	y/State and Zip Cod	Δ			
hrett@mi	usiclessonsexpress.con	•	C			
Dietterin	E-mail address: (to be used f		ort notification)			
For further informati	ion concerning this matter, please	e call:			NOV "	
	, r			700	T T	A 1400
Brett Wellman		_{at (} 850	219-3653		2	
Na	me of Person	Area Cod	e & Daytime Tele	phone Number	ço Ç	-
Enclosed is a check	k for the following amount:				26	
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filin	ру	\$160.00 Filing F Certificate of Sta		
		(additional cop	y is enclosed)	Certified Copy (additional copy is e	nclosed)	
	Mailing Address Registration Section		ourier Address ion Section			
Division of Corporations		Division	of Corporations	s		
	P.O. Box 6327 Tallahassee, FL 32314	Clifton I 2661 Ex	Building ecutive Center (Circle		
		Tallahas	see, FL 32301			

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Music Lessons Express, L (Must end with the words "Limited")	d 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:
2706 Apalachee Parkway	2706 Apalachee Parkway
Tallahassee, FL 32301	Tallahassee, FL 32301
business entity with an active Florida registration.) The name and the Florida street address of	f the registered agent are:
Brett Wellman	
Brett Wellman	
Brett Wellman	Name 8.
Brett Wellman 8147 Ida Roa	Name 8.
Brett Wellman 8147 Ida Roa	Name 25
Brett Wellman 8147 Ida Roa Florida str Tallahassee	Name d eet address (P.O. Box NOT acceptable)

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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	
MGR	Brett Wellman
WIGH	8147 Ida Road
	Tallahassee, FL 32304
	Taliana3306, FE 02004
40W 27	
(Use attachment if necessary)	
ICLE V: Effective date, if other than t	the date of filing: (@PTIQNAL)
	t be specific and cannot be more than five business days prior
90 days after the date of filing.)	
	San Francisco
REQUIRED SIGNATURE:	m z m
<u>RECORDED</u> SIGNATURAL	11.11 P
	4///
(h).01	Mek
Signature of a men	nber or an authorized representative of a member. 🏲
constitutes an affirmation un I am aware that any false inf	608.408(3), Florida Statutes, the execution of this document nder the penalties of perjury that the facts stated herein are true. Formation submitted in a document to the Department of State lony as provided for in s.817.155, F.S.)
Brett Wellma	
	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)