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SECULARY OF STATE TALLAHASSEE, FLORIDA

T. HAMPTON

1105 8 \$ 1--

EXAMINER

COVER LETTER

TO:

Registration Section

Division of	Corporations		,
suppose I Be	lieve in FAMU, LL0		
SUBJECT: 1		ed Liability Company	
The enclosed Articles	s of Organization and fee(s) are	submitted for filing.	
Please return all corre	espondence concerning this mat	ter to the following:	
Keon H	ardemon, Esq.		
,, ,		Name of Person	
l Believe	e in FAMU, LLC		
		Firm/Company	
1350 N	W 8TH CT UNIT 40	9	
		Address	
MIAMI, F			
KEONIIA		y/State and Zip Code	
KEONHA	RDEMON@YAHOO.C E-mail address: (to be used to	for future annual report notification)	<u>, , , , , , , , , , , , , , , , , , , </u>
For further information	on concerning this matter, please	e call:	
KEON HARDE	MON	at (305) 3606136	
Nan	ne of Person	Area Code & Daytime Teleph	one Number
Enclosed is a check	for the following amount:		
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
pi Di Tali	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 Circ Tallahassee, FL 32301	cle
	Committee the State of the Committee of		
\$2.7 ₇₅ (18 ₅ 25.51)\$1	SENTE CONSTRUCTION OF A	. 10 17516 25 <mark>4342</mark> 0372 OZ	

Effective Date 1/1/12

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
I Believe in FAMU, LLC	
(Must end with the words "Limited Liabilit	y Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the pri	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
1350 NW 8TH CT UNIT 409 MIAMI, FL 33136	1350 NW 8TH CT UNIT 409
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.) The name and the Florida street address of the research Keon Hardemon, Esq. Name 1350 NW 8TH CT	red Agent. You must designate an individual or another egistered agent are:
	ess (P.O. Box NOT acceptable)
MIAMI	_{FL} 33136
City, Stat	e, and Zip
liability company at the place designated in the registered agent and agree to act in this capacity. statutes relating to the proper and complete per	ccept service of process for the above stated limited is certificate, I hereby accept the appointment as I further agree to comply with the provisions of all formance of my duties, and I am familiar with and tered agent as provided for in Chapter 608, F.S
(CONTINU	FILE EC 27 HASSE

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:

MGRM	Keon Hardemon, Esq. 1350 NW 8TH CT UNIT 409
	MIAMI, FL 33136
MGRM	James Bland
	P.O. BOX 93802
	LOS ANGELES, CALIFORNIA 90093
	
Use attachment if neces	sary)
	ther than the date of filing: <u>January 1, 2012</u> . (OPTION date must be specific and cannot be more than five business daing.)

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 penalties of perjury that the facts stated herein are true. I am aware 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.)

Keon Hardemon, Esq.

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)

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