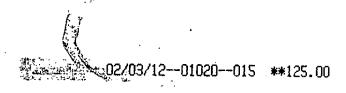
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Effective Date 2/1/12

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# **COVER LETTER**

TO:

**Registration Section** 

Division of Corporations								
SUBJECT: Forte Mobile Music Academy Name of Limited Liability Company								
The enclosed Articles of Organization and fee(s) are submitted for filing.								
Please return all correspondence concerning this matter to the following:								
Kendall Brunson								
Forte Mobile Music Academy								
4833 River Point Rd.								
Jacksonville, FL 32207 City/State and Zip Code								
E-mail address: (to be used for future annual report notification)								
For further information concerning this matter, please call:								
Kendall Bruns on at (904) 994-9700  Name of Person Area Code & Daysime Telephone Number								
Enclosed is a check for the following amount:								
\$125.00 Filing Fee \$\ \text{Certificate of Status}\$ \$155.00 Filing Fee & \text{Certified Copy} & \text								
Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301								

# Effective Date 2/1/12

#### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

#### **ARTICLE I - Name:**

The name of the Limited Liability Company is:

Orte Mobile Music Academy

(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:

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_							

4833 River Point Rd. Tacksonville, FL 32207

### **Mailing Address:**

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:

Charles G. Eichhorn, Jr.

1 Independent Dr., Ste. 1650
Florida street address (P.O. Box NOT acceptable)

Tacksonville FL 32202

City, State, and Zip

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..

Registered Agent's Signature (REQUIRE)

(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:

WGRM" = Managing Member    MGRM" = Managing Member	r.	- 4		<u>N</u>	ame and	Addres	<u>s:</u>		
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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)