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(Re	questor's Name)	
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PICK-UP	WAIT	MAIL
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Certified Copies	Certificates	of Status
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Special Instructions to	Filing Officer:	

Office Use Only

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12 HAR 19 AMII: 06 SECRETARY OF STATE

C. LEWIS MAR 2 0 2012 EXAMINER

COVER LETTER

то:	Registration Division of	n Section Corporations		
SUBJI	CT. Fifty	into One Records	, LLC	
Name of Limited Liability Company				
The en	closed Articles	of Organization and fee(s) are	submitted for filing.	
Please	return all corre	spondence concerning this mat	ter to the following:	
	Craig M	orby		
			Name of Person	
	Fifty Into	o One Records, LL	_C	
			Firm/Company	
	5836 Hi	gh Ridge Loop		
			Address	
1	Lakeland,	Florida 33812		
			y/State and Zip Code	
-	skyrocketj	@aol.com	for future annual report notification)	
For fur	ther informatio	on concerning this matter, please	-	
Craig	g Morby		at (863) 581-0059	
	Nan	ne of Person	Area Code & Daytime Telep	hone Number
Enclos	sed is a check	for the following amount:		
\$125.0 0	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)
		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 Cl	ircle

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:		
The name of the Limited Liability Compar	ny is:	
Fifty Into One Records, LLC		
(Must end with the words "Limited	Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address:		
The mailing address and street address of t	he principal office of the Limited Lia	ability Company is:
Principal Office Address:	Mailing Address:	
5836 High Ridge Loop	5836 High Ridge Loop	
Lakeland, Florida	Lakeland, Florida	
33812	33812	
Craig Morby	Name	
5836 High Rid	`	R 19 AM II: 06 LARY OF STATE LASSEE, FLORID
	eet address (P.O. Box <u>NOT</u> acceptable)	
Lakeland	_{FL} 33812	(원 8
Ci	ity, State, and Zip	
Having been named as registered agent an liability company at the place designate registered agent and agree to act in this cap statutes relating to the proper and comple accept the obligations of my position as	d in this certificate, I hereby accept the pacity. I further agree to comply with the performance of my duties, and I am	e appointment as the provisions of all 1 familiar with and
- Basistand Alli	Ci (DEOLUBED)	

(CONTINUED)

Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s): FILED The name and address of each Manager or Managing Member is as follows: 12 MAR 19 AM 11: 06 Name and Address: SECRETARY OF STATE TALLAHASSEE, FLORIDA "MGR" = Manager "MGRM" = Managing Member MGR **Craig Morby** 5836 High Ridge Loop Lakeland, Florida 33812 **MGRM** Sabrina Morby 5836 High Ridge Loop Lakeland, Florida 33812 Shyrose Morby MGRM 5836 High Ridge Loop Lakeland, Florida 33812 (Use attachment if necessary) **ARTICLE V:** Effective date, if other than the date of filing: . (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

REQUIRED SIGNATURE:

Signature of a member of 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.)

Craig Morby

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)