

LI 2000058017

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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04/27/12--01020--019 \*\*130.00

EFFECTIVE DATE  
4/23/12

FILED  
12 APR 27 PM 3:05  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

7. Confirmed APR 30 2012

Stephen Cox  
Unified Sound Productions LLC.  
165 North Spring Trail  
Altamonte Springs, FL 32714  
(407) 310-3942

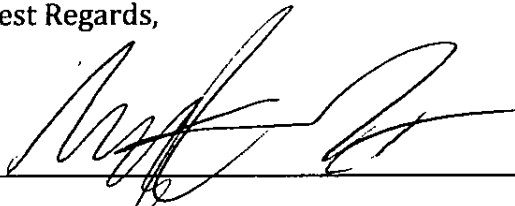
April 23<sup>rd</sup> 2012

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314  
(850) 245-6051

To Whom It May Concern:

Please find the enclosed articles organization and along with the registration fee for \$130.00 in order to register "Unified Sound Productions LLC" as an active Limited Liability Corporation.

Best Regards,

  
\_\_\_\_\_  
Stephen Cox

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Unified Sound Productions LLC.

(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:

Principal Office Address:

165 North Spring Trail  
Altamonte Springs, FL 32714

Mailing Address:

165 North Spring Trail  
Altamonte Springs, FL 32714

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:

Stephen Cox

Name

165 North Spring Trail

Florida street address (P.O. Box **NOT** acceptable)

Altamonte Springs, FL 32714

FL

City, State, and Zip

FILED  
12 APR 27 PM 3:06  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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 (REQUIRED)

(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:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGR

Stephen Cox  
165 North Spring Trail  
Altamonte Springs, FL 32714

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 4/23/2012, (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 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.)

Stephen Cox

Typed or printed name of signer

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)