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(Re	equestor's Name)	
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J. BRYAN

JUL 1 0 2012

**EXAMINER** 

## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: Wulkan World Music,	LLC.
	ited Liability Company
The enclosed Articles of Organization and fee(s) ar	e submitted for filing.
Please return all correspondence concerning this ma	atter to the following:
Adam Ogen	
	Name of Person
	<u> </u>
	Firm/Company
17451 NE 23 Avenue	
	Address
Miami, FL 33160	Address  City/State and Zip Code
adamgoogol@gmail.com	They state and 216 Code
	I for future annual report notification)
For further information concerning this matter, plea	ise call:
Adam Ogen	at ( 305 ) 525-1005
Name of Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:	
\$125.00 Filing Fee \$\int \\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & \$160.00 Filing Fee, 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 Circle Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ANTICEES OF ONOTHINE THORTON	NOTE OF THE PARTY
ARTICLE I - Name:	
The name of the Limited Liability Company is:	
	200 E 1
Wulkan World Music, LLC.	
(Must end with the words "Limited Liabil	lity Company, "L.L.C.," or "LLC.")
ARTICLE'II - Address:	
The mailing address and street address of the pr	rincipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
17451 NE 23 Avenue	17451 NE 23 Avenue
Miami, FL 33160	Miami, FL 33160
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regis business entity with an active Florida registration.)	
The name and the Florida street address of the	registered agent are:

Adam Ogen

Name 17451 NE 23 Avenue

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

Miami

FL 33160 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 (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:

MOKIVI	= Manager " = Managing Membe	r
MGR	<del></del>	Adam Ogen  17451 NE 23 Avenue  Miami, FL 33160
		Trong of the state
LE V: E	ate is listed, the date n	nan the date of filing: (OPTIONAL nust be specific and cannot be more than five business days
LE V: E ffective d days afte	ffective date, if other th	nan the date of filing: (OPTIONAL nust be specific and cannot be more than five business days
LE V: E ffective d days afte	ffective date, if other thate is listed, the date ner the date of filing.)  RED SIGNATURE:	nust be specific and cannot be more than five business days
LE V: E ffective d days afte	ffective date, if other thate is listed, the date ner the date of filing.)  RED SIGNATURE:	nan the date of filing: (OPTIONAL nust be specific and cannot be more than five business days  Management of a member of a member.
LE V: E ffective d days afte	ffective date, if other thate is listed, the date mer the date of filing.)  RED SIGNATURE:  Signature of a  (In accordance with sect constitutes an affirmatic I am aware that any false)	member or an authorized representative of a member.  tion 608.408(3), Florida Statutes, the execution of this document on under the penalties of perjury that the facts stated herein are true. Be information submitted in a document to the Department of State
LE V: E ffective d days afte	ffective date, if other thate is listed, the date mer the date of filing.)  RED SIGNATURE:  Signature of a  (In accordance with sect constitutes an affirmatic I am aware that any false)	member or an athorized representative of a member.  tion 608.408(3), Florida Statutes, the execution of this document on under the penalties of perjury that the facts stated herein are true. See information submitted in a document to the Department of State the felony as provided for in s.817.155, F.S.)

of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)