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(Rec	uestor's Name)	
(Add	lress)	
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(City	/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
, (Bus	iness Entity Nar	ne)
(Doo	ument Number)	
Certified Copies	Certificates	of Status
Special Instructions to F	iling Officer:	
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SECRETARY OF STATE
VALUATASSEE, FLORIDA

APPROVED. AMD FILED

D. BRUCE 0CT 16 2012

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Listen to your Art, LLC 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:	
Darcey Wilkes Name of Person	
Firm/Company	
402 Lake Shore Drive, Apt. 208	
Address	
Lake Park, FL 33403	
City/State and Zip Code	ــــــــــــــــــــــــــــــــــــــ
E-mail address: (to be used for future annual report notification)	FILED
For further information concerning this matter, please call:	O
Darcey Wilkes at (561) 632-6308 Financial Person Area Code & Daytime Telephone 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, Certified Copy (additional copy is enclosed)	
Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle Tallahassee, FL 32301	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Principal Office Address:	Mailing Address:
ARTICLE II - Address: The mailing address and street address	ess of the principal office of the Limited Liability Company is:
Listen to 40 (Must end with the words "	OUT Art, LLC 'Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE I - Name:

The name of the Limited Liability Company is:

	 _		
402 Lake Shore Dr. Apt. 208 Lake Park, FL 33403	402 LakeShore Apt 208 Lake Park, FL 3.	Dc	
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regist business entity with an active Florida registration.) The name and the Florida street address of the interest of the server and the Florida street address of the server and the server and the Florida street address of the server and the server a	stered Agent. You must designate an individu		*
	- Pfoffenberger, P.A.	T 15 AMI TARY OF S	FILED FILED
North Palm Bea	dress (P.O. Box NOT acceptable)	Food 5	Ċ-

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)

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGRM	Darcey Wilkes NOS Lakeshore Dr. Apt. 208 Lake Park, Fd 33403
LE V: Effective date, if other than the detective date is listed, the date must	the date of filing: (OPTIONAL t be specific and cannot be more than five business days
Sective date is listed, the date must days after the date of filing.) REQUIRED SIGNATURE:	the date of filing: (OPTIONAL to be specific and cannot be more than five business days ALLAHARA TALLAHARA TALLAHARARA TALLAHARARA TALLAHARARA TALLAHARARARARARARARARARARARARARARARARARA

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)

ARTICLE IV- Manager(s) or Managing Member(s):