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Registration Section

TO:

COVER LETTER

Division of Corporations
SUBJECT: MCD Music Ministries, 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:
Juergen & Monique Mair
MCD Music Ministries, LLC
815 Nantes Way
Pensacola, fl 32+05 City/State and Zip Code
MCD MUSIC J. Com E-mail address (to be used for future annual report notification)
For further information concerning this matter, please call:
Monigue Mair at (850) 434-8333 Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
□\$125.00 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 Clifton Building 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

ARTICLE I - Name:

The name of the Limited Liability Company is:	
MCD Music Ministrie (Must end with the words "Limited Liability	Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the prince	cipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
815 Nantes Way Pensacola, 71 32505	815 Nantes Way Pensacola, 71 32505
ARTICLE III - Registered Agent, Registered C (The Limited Liability Company cannot serve as its own Registere business entity with an active Florida registration.)	Office, & Registered Agent's Signature: d Agent. You must designate an individual or another
The name and the Florida street address of the reg $\frac{Monique C}{Name}$	istered agent are:
\mathcal{M}	ss (P.O. Box NOT acceptable)
Pensaco / a City, State	FL 223 US F
registered agent and agree to act in this capacity all statutes relating to the proper and complete p	cept service of process for the above stated limited so certificate, I hereby accept the appointment as I further agree to comply with the provisions of performance of my duties, and I am familiar with stered agent as provided for in Chapter 608, F.S

(CONTINUED)

gistered Agent's Signature (REQUIRED)

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:	Name and Address:
"MGR" = Manager "MGRM" = Managing Membe	r
MGR	Monigus C. Mart BIS Nantes Why Pensawa y 32505
MGRM	Juergen Mair Bys Nanten Way rensacola, 4 32505
(Use attachment if necessary)	
ARTICLE V: Effective date, if other t (If an effective date is listed, the dat prior to or 90 days after the date of fi	han the date of filing: (OPTIONAL) e must be specific and cannot be more than five business day ling.)
REQUIRED SIGNATURE:	
	member or an authorized representative of a member.
~///	tion 608.408(3), Florida Statutes, the execution of this document

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)

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.)