# 13000103951

(Requestor's Name)	
(Address)	
(Address)	-
(City/State/Zip/Phone #)	
PICK-UP WAIT N	<b>I</b> AIL
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	

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2013 JUL 22 MH II: 07
SECRETARY OF STATE
ORIGINATE FLORIBLE

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#### COVER LETTER

TO:

**Registration Section Division of Corporations** 

## Music Family Network

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:

## Ayanna Thompson Name of Person Music Family Network Firm/Company 1010 Turtle Creek Drive S Address Jacksonville, FL 32218 City/State and Zip Code athompson7284@yahoo.com E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ayanna Thompson

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

Name of Person

**□**\$125.00 Filing Fee

□\$130.00 Filing Fee & Certificate of Status

□\$155.00 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

the name of the Billio	ed Liability Com	pany is:
Music Family Network, LLC		
(Must er	nd with the words "Lin	nited Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Addre		
		of the principal office of the Limited Liability Company is:
Principal Office Add	ress:	Mailing Address:
1010 Turtle Creek Drive S		1010 Turtle Creek Drive S
Jacksonville, FL 32218		Jacksonville, FL 32218
(The Limited Liability Compa business entity with an active	ny cannot serve as its e Florida registration.)	
(The Limited Liability Compa business entity with an active The name and the Flor	ny cannot serve as its e Florida registration.) ida street address	own Registered Agent. You must designate an individual or another
(The Limited Liability Compa business entity with an active The name and the Flor	ny cannot serve as its e Florida registration.)	own Registered Agent. You must designate an individual or another
(The Limited Liability Compa business entity with an active The name and the Flor	ny cannot serve as its e Florida registration.) ida street address	own Registered Agent. You must designate an individual or another s of the registered agent are:  Name
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(The Limited Liability Compa business entity with an active The name and the Flor Ayr	iny cannot serve as its e Florida registration.)  ida street address anna Thompson  10 Turtle Creek Drive	own Registered Agent. You must designate an individual or another  s of the registered agent are:  Name  S  a street address (P.O. Box NOT acceptable)

(CONTINUED)

Page 1 of 2

AND JUL 22 MAND: 07
SECRETARY OF STATE

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

"MGRM" = Managing Member    MGR	<u>Title:</u> "MGR" = Manager	Name and Address:
Use attachment if necessary)  LE V: Effective date, if other than the date of filing:		
Use attachment if necessary)  LE V: Effective date, if other than the date of filing:	MGR	Ayanna Thompson
(Use attachment if necessary)  LE V: Effective date, if other than the date of filing:		1010 Turtle Creek Drive S
LE V: Effective date, if other than the date of filing:		Jacksonville, FL 32218
LE V: Effective date, if other than the date of filing:		
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LE V: Effective date, if other than the date of filing:		
LE V: Effective date, if other than the date of filing:		
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.)  Ayanna Thompson  Typed or printed name of signee	LE V: Effective date, if other th	
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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.)  Ayanna Thompson  Typed or printed name of signee  Filing Fees:	LE V: Effective date, if other the	must be specific and cannot be more than five business
Ayanna Thompson  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)	LE V: Effective date, if other the offective date is listed, the date or 90 days after the date of filing required SIGNATURE:	must be specific and cannot be more than five businessing.)
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)	LE V: Effective date, if other the effective date is listed, the date or 90 days after the date of filing recordance.  (In accordance with section constitutes an affirmation I am aware that any false.	must be specific and cannot be more than five businessing.)  member or an authorized representative of a member.  ion 608.408(3), Florida Statutes, the execution of this document in under the penalties of perjury that the facts stated herein are true. In information submitted in a document to the Department of State in felony as provided for in s.817.155, F.S.)
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