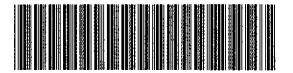
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(Requestor's Name)			
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(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
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COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT: SC		CUICES FLOR ed Liability Company	IDA LLC
The enclosed Articles of C	Organization and fee(s) are s	ubmitted for filing.	
Please return all correspon	ndence concerning this matte	er to the following:	
Ro	SCOE 1	4. EDNEY	III
Sa	UND SER	Pirm/Company	ORIDA LL
207	10 LITT	LE FARMS (<u>-</u> T
DELT	TONA, F.	Address 2 3 2 7 3 y/State and Zip Code	8
		FLORIDA VAF for future annual report notification)	
	oncerning this matter, please		
Roscos Name of	EDNEY	at (<u>HO7</u>) <u>252</u> Area Code & Daytime Telep	-2459
Enclosed is a check for	the following amount:		
\$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 C	ircle

Tallahassee, FL 32301

'ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	EFFECTIVE DATE
The name of the Limited Liability Company is:	1.20/3
SOUND SERVICES	FLORIDA LLC
(Must end with the words "Limited Liability	y Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the prin	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
2070 LITTLE FARMS CT DELTONA, FL 32738	2070 LITTLE FARMS CT DELTONA, FL 32738
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)	
DELTONA City, State	EDNEY III FARMS CT ess (P.O. Box NOT acceptable) FL 32738 e, and Zip
liability company at the place designated in the registered agent and agree to act in this capacity all statutes relating to the proper and complete and accept the obligations of my position as reg	ccept service of process for the above stated limited is certificate, I hereby accept the appointment as y. I further agree to comply with the provisions of performance of my duties, and I am familiar with istered agent as provided for in Chapter 608, F.S

(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	Name and Address:
"MGRM" = Managing Member	
MGRM	ROSCOE H. EDNEY III ZOJO LITTLE FARMS CT DELTONA, KL 32738
	
(Use attachment if necessary)	
TICLE V: Effective date, if other than the effective date is listed, the date must to or 90 days after the date of filing.)	the date of filing: $7 - \lambda 4 - 13$ (OPTIONAL) st be specific and cannot be more than five business dates

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.)

COE H EDWEY III

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)
- \$ 5.00 Certificate of Status (Optional)