

L13000112679

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

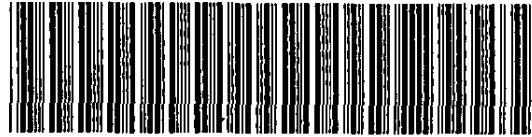
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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Office Use Only



000250220620

Effective Date 8-6-13

08/08/13--01003--001 \*\*130.00

2013 AUG -8 AM 9:02  
TALLAHASSEE, FLORIDA

J. SAULSBERRY  
EXAMINER

AUG 09 2013

(850) 245-6051.

### COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: The Treble With Music, 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:

Andrea K. Duke  
Name of Person

The Treble With Music  
Firm/Company

12118 Corner Oaks Drive  
Address

Jacksonville, FL 32223  
City/State and Zip Code

andreaduke@comcast.net  
E-mail address: (to be used for future annual report notification)

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STATE  
RECORDS  
DIVISION

For further information concerning this matter, please call:

Andrea Duke at ( 904 ) 705-8042  
Name of 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    ☐ \$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

## ARTICLE I - Name:

The name of the Limited Liability Company is:

The Treble With Music, LLC.

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

## ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

### Principal Office Address:

### Mailing Address:

Same →

12118 Corner Oaks Drive  
Jacksonville, FL 32223

## ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

Andrea K. Duke

Name

12118 Corner Oaks Drive

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

Jacksonville, FL 32223

City, State, and Zip

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CLERK OF STATE  
JACKSONVILLE, FLORIDA

*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..*

Andrea K. Duke

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

MGR

Name and Address:

Andrea K. Duke  
12118 Corner Oaks Drive  
Jacksonville, FL 32223

\_\_\_\_\_

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(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 8/6/13 (OPTIONAL)  
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

REQUIRED SIGNATURE:

Andrea K. Duke  
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.)

Andrea K. Duke  
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)