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(Re	equestor's Name)	
(Ad	ddress)	
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(C	ity/State/Zip/Phone	#)
PICK-UP	WAIT	MAIL
(B	usiness Entity Nam	e)
(D	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	

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AUG 21 2013 J. BRYAN

COVER LETTER

TO: Registration Division of C	Section Corporations		r.z.
SUBJECT: NG	Sono En	FERPLISES LLC ed Liability Company	TELL FILLS
			50 U
The enclosed Articles	of Organization and fee(s) are	submitted for filing.	Service 1
Please return all corre	spondence concerning this matt	er to the following:	
Back	para mikinn	Name of Person	
NEW	Soul Enterp	RISES UC Firm/Company	
765	5 W Jon LN	Address	
Hom	osassa Fl 3	54446	
		or future annual report notification)	
For further informatio	n concerning this matter, please	cali:	
Barbara M	MKinnell e of Person	352 _at (<u>352</u>) <u>3 46 - 0</u> Area Code & Daytime Telepi	153 none Number
Enclosed is a check	for the following amount:		
□\$125.00 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 Ci	rcle

Tallahassee, FL 32301



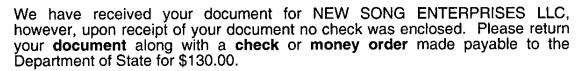
FLORIDA DEPARTMENT OF STATE Division of Corporations

August 15, 2013

BARBARA MCKINNELL NEW SONG ENTERPRISES LLC 7655 W INN LN HOMOSASSA, FL 34446

SUBJECT: NEW SONG ENTERPRISES LLC

Ref. Number: W13000045567



Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Joey Bryan Regulatory Specialist II

Letter Number: 413A00019501

TOTALIS IS MIN. 37.

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY
ARTICLE I - Name: The name of the Limited Liability Company is:
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:
7655 W Inn W Homosassa Fl 34446 Homosassa Fl 34446
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:
Barbara MKinnell Name
Florida street address (P.O. Box NOT acceptable)
Homosassa FL 3444 6 City, State, and Zip
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

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)

Page 1 of 2

Title:	Name and Address:
"MGR" = Manager	Ivaine and Address.
"MGRM" = Managing Member	
or charge	Managing Member(s): Ianager or Managing Member is as follows: Name and Address:
Mal	BALBALA MKIMEl 20
	TISS W Inn LN
****	Homsassa FL 3444621
Molm	Thomas ETTOLIARTIT
THELIN	and lave (hose Taband W
	TAMPA FL 33626
(Use attachment if necessary)	
•	on the date of filing: (OPTION)
LE V: Effective date, if other that	an the date of filing: (OPTIONAl must be specific and cannot be more than five busine
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ffective date is listed, the date or 90 days after the date of filing response to the date of the	must be specific and cannot be more than five busine ng.) The most of a member of a member on an authorized representative of a member. The most of the specific and cannot be more than five busine ng.)

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)