

| (Requestor's Name) |
|---|
| |
| (Address) |
| |
| (Address) |
| (, |
| (CitylChoty (Zin/Dhony 40 |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| |
| (Business Entity Name) |
| |
| (Document Number) |
| , |
| Certified Copies Certificates of Status |
| Certificates of Status |
| |
| Special Instructions to Filing Officer: |
| |
| |
| |
| |
| |
| |
| |
| <u> </u> |





11/13/13--01015--015 **160.00



(850) 245-6051.

COVER LETTER

TO:

Registration Section
Division of Corporations

SUBJECT. L

Lunar Music House, 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:

Jason Beaumont

Name of Person

Lunar Music House, LLC.

Firm/Company

150 E. Robinson Street Unit 3107

Address

Orlando, FL. 32801

City/State and Zip Code

iamjayceon@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jason Beaumont

..321 . . 9

946-8911

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

| Lunar Music House, | | (W. G. W. I.O. W. I.O. W. | |
|----------------------|--|---|----------------------|
| (M | ust end with the words "Limited Lia | bility Company, "L.L.C.," or "LLC.") | |
| ARTICLE II - Ad | ddress: | | |
| The mailing addre | ss and street address of the | principal office of the Limited Li | iability Company is: |
| Principal Office A | Address: | Mailing Address: | |
| Attn: Jason Beaumo | nt | Attn: Jason Beaumont | |
| 150 E. Robinson Stre | eet Unit 3107 | 150 E. Robinson Street Unit 3107 | 7 |
| Orlando, FL. 32801 | | Orlando, FL. 32801 | |
| | | | Co. |
| The name and the | Florida street address of the Jason Beaumont | registered agent are: | \$ |
| The name and the | | | NOV 13 |
| The name and the | Jason Beaumont | ne | NOV 13 AM |
| The name and the | Jason Beaumont Nam 150 E. Robinson Street Unit 3 | ne | NOV 13 At 9 |
| The name and the | Jason Beaumont Nam 150 E. Robinson Street Unit 3 | ne B107 ddress (P.O. Box <u>NOT</u> acceptable) | NOV 13 AM |
| The name and the | Jason Beaumont Nam 150 E. Robinson Street Unit 3 Florida street a Orlando, | ne B107 ddress (P.O. Box <u>NOT</u> acceptable) | NOV 13 At 9 |

(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:

| "MGR" = Manager | Name and Address: | | |
|---|--|--|-------------|
| "MGRM" = Managing Member | | | |
| MGRM | Jason Beaumont | | |
| | 150 E. Robinson Street Unit 3107 | | |
| | Orlando, FL. 32801 | | |
| | | | |
| | | | |
| | | | |
| · · · · · · · · · · · · · · · · · · · | | | |
| | | | |
| | | | |
| | | | |
| (Use attachment if necessary) | | , | |
| | | 5.36 3 | |
| CLE V: Effective date, if other than th | e date of filing: | (OPTIONAL | <u>(</u> _) |
| effective date is listed, the date mus | | | |
| | | | |
| effective date is listed, the date mus o or 90 days after the date of filing.) | | | |
| effective date is listed, the date mus | | | |
| effective date is listed, the date mustoor 90 days after the date of filing.) | | | |
| effective date is listed, the date mustoor 90 days after the date of filing.) | | | |
| effective date is listed, the date musto or 90 days after the date of filing.) REQUIRED SIGNATURE: | | than five busines | |
| effective date is listed, the date musto or 90 days after the date of filing.) REQUIRED SIGNATURE: Signature of a membion of the constitutes an affirmation under the lam aware that any false information. | st be specific and cannot be more | member. f this document ed herein are true. | |
| effective date is listed, the date musto or 90 days after the date of filing.) REQUIRED SIGNATURE: Signature of a membion of the constitutes an affirmation under the lam aware that any false information. | set be specific and cannot be more set be specific and cannot be more set or an authorized representative of a 108.408(3), Florida Statutes, the execution of the penalties of perjury that the facts statemation submitted in a document to the Dep | member. f this document ed herein are true. | |

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)