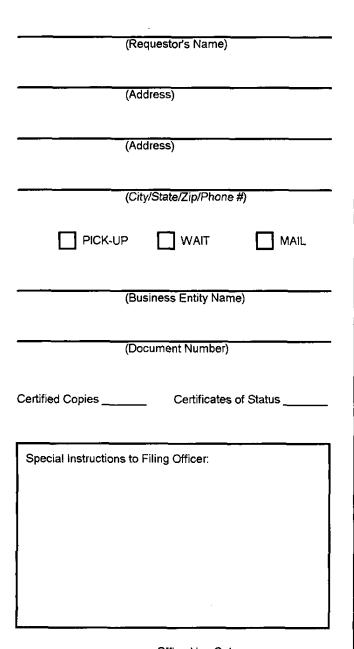
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B. BOSTICK
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EXA 72 = 2

(850) 245-6051.

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∕ <b>TO</b> :	Reg Divi	istration Sec sion of Corp	ction porations	i	. ·	.•	P*			
SUBJ	ECT:	FlashMu		4						
			1	Name of Limit	ed Liability C	ompany				
The er	nclosed	Articles of (	Organization :	and fee(s) are	submitted for	filing.				
Please	return	all correspon	ndence conce	rning this matt	er to the follo	wing:				
	Mar	k Voll								
	—	<del></del>	<del></del>		Name of Perso	on	<del></del>			
	Flas	shMuse Ll	-C							
					Firm/Compar	ıy				
	145	SE 25th I	Road. Ap	t 701						
		·	<del></del>		Address					
	Mia	mi, Florida	a. 33129							
					y/State and Zip	Code	<del>,</del>	<u> </u>		
	ilasr	muselic@	gmail.cor			1			···	<del></del>
				ess: (to be used t		al report no	otilication)		ALL	1013 HOV 12
For fu	rther in	nformation co	ncerning this	matter, please	call:				\$7.7 	Š
Marl	k Voll				440 at (		91-4447		555	12
		Name of	Person	····	Area	Code & I	Daytime Tel	ephone Nui	nber	
Enclo	sed is	a check for	the following	ng amount:					ORIGI	
□\$125	5,00 Fi	ling Fee		Filing Fee & e of Status	□\$155.00 Certifie (additional			Certifi	cate of S led Copy	Status &

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 Li	1e:		
The name of the Li	mited Liability Company is:		
FlashMuse LLC	st end with the words "Limited Liabilit	y Company, "L.L.C.," or "LLC.")	
ARTICLE II - Ad The mailing addres	dress: s and street address of the prin	ncipal office of the Limited I	iability Company is:
Principal Office A	ddress:	Mailing Address:	
145 SE 25th Roa Miami, Florida. 3		145 SE 25th Road. Apt Miami, Florida. 33129	701
(The Limited Liability Co business entity with an a	egistered Agent, Registered (mpany cannot serve as its own Register ctive Florida registration.)  Florida street address of the registration.	red Agent. You must designate an indi	ividual or another
	Mark Voll		PE 6
			as an
	Name		N 12
	Name 145 SE 25th Road. Apt 7	701	N 12 Att
	145 SE 25th Road. Apt 7	701 ess (P.O. Box NOT acceptable)	ZBI3 HOY 12 AM II: 57
	145 SE 25th Road. Apt 7 Florida street addr Miami, Florida, 33129	<del> </del>	2013 HOY 12 AM II: 57

(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 "MGRM" = Managing Member	Name and Address:
Manager	Mark Voll
	145 SE 25th Road. Apt 701
	Miami, Florida. 33129
ngampa - 1-190 m ba a tay ang manadahanta	
	-1 F-2:
	AE C
	SY. P
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(Use attachment if necessary)	ORID
LE V. Effective date if other than the	date of filing: (OPTIO
fective date is listed, the date must or 90 days after the date of filing.)	be specific and cannot be more than five business.
ffective date is listed, the date must or 90 days after the date of filing.)  REQUIRED SIGNATURE:	
rective date is listed, the date must or 90 days after the date of filing.)  REQUIRED SIGNATURE:  Signature of a member  (In accordance with section 608. constitutes an affirmation under I am aware that any false inform	408(3), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are true. ation submitted in a document to the Department of State as provided for in s.817.155, F.S.)
rective date is listed, the date must or 90 days after the date of filing.)  REQUIRED SIGNATURE:  Signature of a member  (In accordance with section 608. constitutes an affirmation under I am aware that any false inform	or an authorized representative of a member.  408(3), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are true ation submitted in a document to the Department of State

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)