

2014-01-27 13:05 TRIAD

7702201943

800-617-5555

P 2/5

**L14000014256**

# Transmission Log

TRIAD

Wednesday, 2014-01-22 13:57

7702201943

Date	Time	Type	Job #	Length	Speed	Station Name/Number	Pgs	Status
2014-01-22	13:56	SCAN	04609	0:34	26400		5	OK -- V.34 AM31

## H14000017274 Transmission Log

TRIAD

Wednesday, 2014-01-22 13:58

7702201943

Date	Time	Type	Job #	Length	Speed	Station Name/Number	Pgs	Status
2014-01-22	13:56	SCAN	04607	0:20	26400		5	OK -- V.34 AM31

*Resend*

Division of Corporations

Page 1 of 2

### Florida Department of State Division of Corporations Electronic Filing Cover Sheet

Please Print legible type and use it as a cover sheet. Type or fax your  
number (the number) on the top and bottom of all pages of the document.

((3514000017274 333))

PLEASE PRINT YOUR NAME, ADDRESS, CITY, STATE, ZIP, PHONE, FAX, AND E-MAIL ADDRESS  
HERE.

Note: DO NOT hit the REPRINT/RELOAD button on your scanner from this  
page. Doing so will generate another cover sheet.

TO: Division of Corporations  
My Number: ((3514000017274 333))

FROM: Account Name: TRIAD INTERNATIONAL SERVICES, LLC  
Account Number: ((3514000017274 333))  
Phone: ((3514000017274 333))  
Fax Number: ((3514000017274 333))

Indicate the check address for this business entity to be used for future  
annual reports, notices, and other address changes.

Email Address:

### FLORIDA LIMITED LIABILITY CO. OCS MUSIC PUBLISHING, LLC

Entity Name	OCS Music Publishing, LLC
Can File Copy	Yes
Can File Change	Yes
Can File Change	Yes

Electronic Filing Menu Corporate Filing Menu Help

[http://www.flsos.com/electronic\\_filing\\_menu](http://www.flsos.com/electronic_filing_menu)

1/23/2014

RECEIVED

14 JAN 27 PM 4:18

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

JAN 22 PM 7:56

B. BOSTICK

JAN 28 2014

EXAMINER

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: OCB MUSIC PUBLISHING, 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:

JOSEPH GANGITANO, ESQ

Name of Person

GREENBERG TRAUIG, LLC

Firm/Company

200 PARK AVENUE, 14TH FLOOR

Address

NEW YORK, NY 10166

City/State and Zip Code

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

For further information concerning this matter, please call:

Charmaine Perdon at 212 801-9200

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

ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED

2014 JUN 22 PM 7:56

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

OCB MUSIC PUBLISHING, 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:1489 W. Palmetto Park Road, #3241489 W. Palmetto Park Road, #324Boca Raton, FL 33486Boca Raton, FL 33486

## ARTICLE III - Registered Agent, Registered Office, &amp; 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:

NRAI SERVICES, INC.

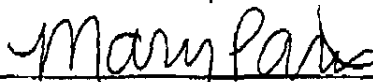
Name

518 EAST PARK AVENUEFlorida street address (P.O. Box NOT acceptable)Talka, FLFL 32301

City

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 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 605, F.S.



Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

FALL 2013

2014 Jan 22 10:06 AM

**ARTICLE IV-**

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" - Authorized Member

"MGR" - Manager

Name and Address:AMBRKristen Murphy Fuhse33 East Camino Real, #218, Boca Raton, FL 33432AMBRSTRATIS MORFOGEN33 East Camino Real, #218, Boca Raton, FL 33432

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (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.)

**ARTICLE VI:** Other provisions, if any.REQUIRED SIGNATURE:

Signature of a member or an authorized representative of a member.  
(In accordance with section 605.0203 (1) (b), 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.)

Joseph Gangitano

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)

2014-01-27 13:05 TRIAD

7702201943 >>

850-617-6381

P 1/5



January 27, 2014

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

JOSEPH GANGITANO, ESQ.  
200 PARK AVENUE  
14TH FLOOR  
NEW YORK, NY 10166

SUBJECT: OCB MUSIC PUBLISHING, LLC  
REF: W14000005051

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

Due to transmission problems, your faxed document or coversheet is illegible or incomplete. Please refile the document and cover sheet to this office for processing.

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.

Barbara Bostick  
Regulatory Specialist II

FAX Aud. #: E14000017274  
Letter Number: 014A00001719

PLEASE PROVIDE US WITH THE ORIGINAL FILE DATE OF JANUARY 22, 2014

RECEIVED

14 JAN 27 PM 4:18

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

P.O. BOX 6327 - Tallahassee, Florida 32314