

2014-01-24 08:15 TRIAD

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Transmission Log

TRIAD

Wednesday, 2014-01-22 13:56

7702201943

Date	Time	Type	Job #	Length	Speed	Station Name/Number	Pgs	Status
2014-01-22	13:55	SCAN	04608	0:26	26400		4	OK -- V.34 AM31

Division of Corporations

Page 1 of 2

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To: Division of Corporations
Fax Number : (850) 617-6300

From: Account Name : TRIAD PROFESSIONAL SERVICES, LLC
Account Number : 120020000094
Phone : (770) 777-2001
Fax Number : (770) 520-1343

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

FLORIDA LIMITED LIABILITY CO.
KSM RECORDS, LLC

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$155.00

W14-5037

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1/22/2014

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14 JAN 24 PM 1:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2014 JAN 22 AM 9:48

FILED

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JAN 28 2014
D. BRUCE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: KSM RECORDS, 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 TRAURIG, 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

Name of Person

at 212

Area Code

801-9200

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

2014 JAN 22 AM 9:48
FILED
TALLAHASSEE, FLORIDA
CLERK OF STATE

2014-01-27 12:57 TRIAD

7702201943 >>

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January 27, 2014

FLORIDA DEPARTMENT OF STATE
Division of Corporations

TRIAD PROFESSIONAL SERVICES, LLC

SUBJECT: KSM RECORDS, LLC
REF: W14000005037

FILED
2014 JAN 22 AM 9:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

The document is illegible and not acceptable for imaging.

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.

Deborah Bruce
Regulatory Specialist II

FAX Aud. #: H14000017272
Letter Number: 814A00001712

RECEIVED

14 JAN 27 PM 4:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

P.O. BOX 6327 - Tallahassee, Florida, 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

KSM RECORDS, 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. Palmella Park Road, #324, Boca Raton, FL 33486

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:

NRAI SERVICES, INC.

Name

616 East Park AvenueFlorida street address (P.O. Box NOT acceptable)TallahasseeFL 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.

Mary Parks

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

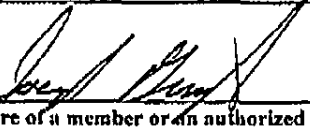
Name and Address:KRISTIAN MURPHY FUMBS (AMBR)33 East Camino Real, #210, Boca Raton, FL 33432STRATIS MORFOGEN (AMBR)33 East 60th Street, New York, NY 10022

(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 signer

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)

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