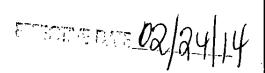
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SLANDIARY OF STATE
TALLABASSEF FLORIDA

FEB 2 8 2011 D. BROUE

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: MUSIC MAKERS A-Z L.L.C. 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 Gilchrist Name of Person	
Firm/Company	
9465 South Loop Rd.	
Pensacola, FLORIDA 32507 F City/State and Zip Code irabusinessoffices@hotmail.com?	
For further information concerning this matter, please call:	1 1
Joe Gichrist at 850 492-7601 Name of Person Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
\$125.00 Filing Fee \$\bigcup \\$130.00 Filing Fee \& \centrificate of Status \$\bigcup \\$ Certified Copy (additional copy is enclosed) \$\bigcup \\$ 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

ARTICLE I - Name: The name of the Limited Liability Company is:
MUSIC MAKERS A - Z 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:
9465 South Loop Rd. 9465 South Loop Rd. PENSACOLA, FLORIDA RENSACOLA, FLORIDA 32507
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: Toe Glehrist
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

EFFECTIVE DATE 12/24/14

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:	····
_AMBR	Joe Gilchast 1465 South Loop 18 Pensicola, Francos	32507
(Use attachment if necessary)		
~g-,		
E VI: Other provisions, if any. For the Purpose REQUIRED SIGNATURE:	of Music AND Vide	e froduc
REQUIRED SIGNATURE: Signature of a me (In accordance with section 66 constitutes an affirmation und I am aware that any false inforconstitutes a third degree felor	nember or an authorized representative of a memb 05.0203 (1) (b), Florida Statutes, the execution of this ler the penalties of perjury that the facts stated herein formation submitted in a document to the Department of the penalties of perjury that the facts stated herein the penalties of perjury that the facts stated herein the penalties of th	er. s document are true.
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REOUIRED SIGNATURE: Signature of a me (In accordance with section 6) constitutes an affirmation und I am aware that any false inforcement that any false i	nember or an authorized representative of a memb 05.0203 (1) (b), Florida Statutes, the execution of this ler the penalties of perjury that the facts stated herein formation submitted in a document to the Department of the penalties of perjury that the facts stated herein the penalties of perjury that the facts stated herein the penalties of th	er. s document are true.
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