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(Re	equestor's Name)	
(Ad	dress)	
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(Cit	ry/State/Zip/Phone	<i>⇒</i> #)
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(Do	cument Number)	
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SECRETARY OF STATE TALLAHASSEE, FLORID FILED
2014 MAR -3 AM II: 05

MAR - 4 2013 T. HAMPTON

COVER LETTER

Division of Corporations
SUBJECT: PATRON House Mustchroup 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:
Sher on Rose-Samuels Name of Person
PATRON House MUSIC Group 11C
4177 NORTH Haverhill Rd 814 Address
West PAIM BEACH FI 33417 City/State and Zip Code Sherontose 1 9 mail: Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Sheron Rox-Samuslar (561) 386-4442 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$\sum_{\text{S130.00 Filing Fee & Certificate of Status}} \sum_{\text{S155 00 Filing Fee & Certified Copy (additional copy is enclosed)}} \sum_{\text{S160.00 Filing Fee, Certified Copy (additional copy is enclosed)}} \sum_{\text{S160.00 Filing Fee, Certified Copy (additional copy is enclosed)}} \sum_{\text{S160.00 Filing Fee, Certified Copy (additional copy is enclosed)}} \sum_{\text{S160.00 Filing Fee, Certified Copy (additional copy is enclosed)}} \sum_{\text{S160.00 Filing Fee, Certified Copy (additional copy is enclosed)}} \sum_{\text{S160.00 Filing Fee, Certified Copy (additional copy is enclosed)}} \sum_{\text{S160.00 Filing Fee, Certified Copy (additional copy is enclosed)}} \sum_{\text{S160.00 Filing Fee, Certified Copy (additional copy is enclosed)}} \sum_{\text{S160.00 Filing Fee, Certified Copy (additional copy is enclosed)}} \sum_{\text{S160.00 Filing Fee, Certified Copy (additional copy is enclosed)}} \sum_{\text{S160.00 Filing Fee, Certified Copy (additional copy is enclosed)}} \sum_{\text{S160.00 Filing Fee, Certified Copy (additional copy is enclosed)}} \sum_{\text{S160.00 Filing Fee, Certified Copy (additional copy is enclosed)}} \sum_{\text{S160.00 Filing Fee, Certified Copy (additional copy is enclosed)}} \sum_{\text{S160.00 Filing Fee, Certified Copy (additional copy is enclosed)}} \sum_{\text{S160.00 Filing Fee, Certified Copy (additional copy is enclosed)}} \sum_{\text{S160.00 Filing Fee, Certified Copy (additional copy is enclosed)}} \sum_{\text{S160.00 Filing Fee, Certified Copy (additional copy is enclosed)}} \sum_{\text{S160.00 Filing Fee, Certified Copy (additional copy is enclosed)}} \sum_{\text{S160.00 Filing Fee, Certified Copy (additional copy is enclosed)}} \sum_{\text{S160.00 Filing Fee, Certified Copy (additional copy is enclosed)}} \sum_{\text{S160.00 Filing Fee, Certified Copy (additional copy is enclosed)}} \sum_{\text{S160.00 Filing Fee, Certified Copy (additional copy is enclosed)}} \sum_{\text{S160.00 Filing Fee, Certified Copy (additional copy is enclosed)}} \sum_{

TO:

Registration Section

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.	
PATRON House M (Must end with the words "Limited L	ust Grap 1 C jability Company, "L.L.C.," or "ILC.")
ARTICLE II - Address: The mailing address and street address of the principal offi	ce of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
H177 NORTH, Haverbill Rd 814 West PAIM Beach F1 33417	e Same
ARTICLE III - Registered Agent, Registered Office, & (The Limited Liability Company cannot serve s its own Reanother business entity with an active Florida registration.)	egistered Agent. You must designate an individual or
The name and the Florida street address of the registered as Sheron Rose- Name H177 North Haus Florida street address (P.O. Box Market) West Palm Brach City	Samuels whill Rd. 814
the place designated in this certificate, I hereby accept to capacity. I further agree to comply with the provisions of of my duties, and I am familiar with and accept the oldig	. ~

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager Am BC	Sheron Rose-Samuels
	-
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EV: Effective date, if other than the date o	of filing: (OPTIONAL)
E V: Effective date, if other than the date of ctive date is listed, the date must be specifiling.) E VI: Other provisions, if any.	cific and cannot be more than five business days prior to or 90 d
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Page 2 of 2