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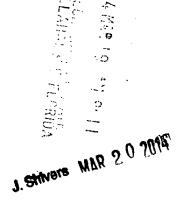
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COVER LETTER

	egistration Section ivision of Corporations
SUBJECT	r: MONSTA MUSIC L.L.C. Name of Limited Liability Company
The enclos	sed Articles of Organization and fee(s) are submitted for filing.
Please retu	arn all correspondence concerning this matter to the following:
	Name of Person
	Firm/Company
	9100 KERSEY ST. # 9101 Address
	Address
	DAVENPORT FL 33897 City/State and Zip Code
	City/State and Zip Code
	TLEWISGRANT@ GMAIL, COM E-mail address: (to be used for future annual report notification)
	E-mail address: (to be used for future annual report notification)
For further	information concerning this matter, please call:
Tyron	Name of Person Area Code Daytime Telephone Number
Enclosed is	s a check for the following amount:
] \$125.00 Fi	

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 Limits	ed Liability Company is:						
	MONSTA	Mυ	SIC	L.	L.C.		
(1	Must end with the words "L	imited Lia	bility Compa	ıny, "L.L.(C.," or "LLC.")	•	
ARTICLE II - Address an	ss: ad street address of the princ	cipal offic	e of the Limit	ted Liabilit	y Company is:		
Principal Office Add	ess:		Mailing Add	ress:			
9100 KERSE DAVENPORT	Y ST # 9101 FL 33897	 	P.O. CLERI	BOX MONT,	136045 FL 34713		
(The Limited Liability	tered Agent, Registered C Company cannot serve as it with an active Florida regi	ts own Re				idual or	
The name and the Flori	ida street address of the reg	istered age	ent are:			,	
	TYRONE J.	LEW	US-GR	ANT		*	
		Name				 	1 "
	9100 KERSEY					72,3	
	Florida street address (P.	O. Box <u>N</u> O	OT acceptable	e)		- erren	
	DAVENPORT		FL	33897	r Sa	. .	
	City			Zip	YG:		
the place designated capacity. I further ag	registered agent and to acc d in this certificate, I hereby tree to comply with the prov am familiar with and accept Registered Agent's	accept the isions of a the obliga Chapter (e appointmen ill statutes relations of my po 605, F.S	t as registe ating to the osition as r	red agent and agree i proper and complete	to act in t e perform	this iance
			, ,	•			

Page 1 of 2

(CONTINUED)

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
MGR	TYRONE J. LEWIS-GRANT 9100 KERSEY ST # 9101 DAUENPORT, FL 33897
(Use attachment if necessary) E.V: Effective date, if other than the date	e of filing: (OPTIONAL)
EV: Effective date, if other than the date ective date is listed, the date must be sp of filing.)	e of filing: (OPTIONAL) secific and cannot be more than five business days prior to or 9
EV: Effective date, if other than the date ective date is listed, the date must be sp of filing.)	e of filing: (OPTIONAL) secific and cannot be more than five business days prior to or 9
E V: Effective date, if other than the date	e of filing: (OPTIONAL) secific and cannot be more than five business days prior to or 9
EV: Effective date, if other than the date ective date is listed, the date must be sp of filing.)	pecific and cannot be more than five business days prior to or 9
E V: Effective date, if other than the date ective date is listed, the date must be spot filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a me (In accordance with section 60 constitutes an affirmation under I am aware that any false infor	pecific and cannot be more than five business days prior to or 9
E V: Effective date, if other than the date ective date is listed, the date must be spot filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a me (In accordance with section 60 constitutes an affirmation under I am aware that any false infor constitutes a third degree felon	ember or an authorized representative of a member. 35.0203 (1) (b), Florida Statutes, the execution of this document er the penalties of perjury that the facts stated herein are true.