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SECRE AND DE SIAIE DIVISION SE CORPORATION

APR 2 4 2014 J. HARRIS

COVER LETTER

TO:	Registration Section Division of Corporations		
SUBJI	ECT: <u>Castaway Music Studios, LLC</u> Name of Li	mited Liability Company	
	closed Articles of Organization and fee(s) a	_	
Please	return all correspondence concerning this n	natter to the following:	
	Andrew Latimer	Name of Person	
	Castaway Music Studios, LLC	Firm/Company	
	14375 Myerlake Circle	A 3.1	
		Address	
	Clearwater, FL 33760	City/State and Zip Code	
_ala	atimer@bluewatermedia.tv E-mail address: (to be use	d for future annual report notifica	tion)
For fur	ther information concerning this matter, ple	ase call:	
Andre	w Latimer at (at (813 944-2926 Area Code Daytime Tel	ephone Number
Enclose	ed is a check for the following amount:		
□ \$125.0	0 Filing Fee	□\$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 Addr Registration Section Division of Corporati Clifton Building 2661 Executive Cente Tallahassee, FL 3230	ons er Circle

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
Castaway Music Studios, L.L.C. (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 o	ffice of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
14375 Myerlake Circle Clearwater, FL 33760	14375 Myerlake Circle Clearwater, FL 33760
ARTICLE III - Registered Agent, Registered Office, (The Limited Liability Company cannot serve as its own another business entity with an active Florida registratio The name and the Florida street address of the registered Andrew Latimer	Registered Agent. You must designate an individual or n.)
Name Name	
14375 Myerlake Circle	
Florida street address (P.O. Box	x NOT acceptable)
Clearwater	FL 33760
City	Zip
the place designated in this certificate, I hereby accept capacity. I further agree to comply with the provisions of of my duties, and I am familiar with and accept the obl	the appointment as registered agent and agree to act in this of all statutes relating to the proper and complete performance ligations of my position as registered agent as provided for in the 605, F.S

(CONTINUED)

Page 1 of 2

14 APR 22 PH L: | |

<u>Title:</u>	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	
MGR	Bluewater Media, LLC
	14375 Myerlake Circle Clearwater, FL 33760
	Signification, 1 E GOT GO
AMBR	Apex Audio Group, LLC
Use attachment if necessary)	
	ic and cannot be more than five business days prior to or 9
f filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a memb (In accordance with section 605.0)	per or an authorized representative of a member. 203 (1) (b), Florida Statutes, the execution of this document
Filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a memb (In accordance with section 605.0) constitutes an affirmation under th I am aware that any false informat constitutes a third degree felony as	per or an authorized representative of a member. 203 (1) (b), Florida Statutes, the execution of this document are penalties of perjury that the facts stated herein are true. ion submitted in a document to the Department of State is provided for in s.817.155, F.S.)
Signature of a memb (In accordance with section 605.0) constitutes an affirmation under th I am aware that any false informat constitutes a third degree felony as	per or an authorized representative of a member. 203 (1) (b), Florida Statutes, the execution of this document be penalties of perjury that the facts stated herein are true, tion submitted in a document to the Department of State
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Filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a memb (In accordance with section 605.0) constitutes an affirmation under th I am aware that any false informat constitutes a third degree felony as	per or an authorized representative of a member. 203 (1) (b), Florida Statutes, the execution of this document be penalties of perjury that the facts stated herein are true. The ion submitted in a document to the Department of State is provided for in s.817.155, F.S.) The provided for in s.817.155, F.S.)

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