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, (Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	





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TO ACCEPTANT FOR A 3

JUN 2 1 2014

T. BROWN

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Leyboard Ent. 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:
Donnell Reclinary Name of Person
Keyboard LLC Firm/Company
Firm/Company
2738 w. Thank st. 1/pt 1801
Address
City/State and Zip Code Dennell (edmarka yahar.com E-mail address: (to be used for future annual report notification)
City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Demell Redman at (202) 369-4414 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) 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

The name of the Limited Liability Company is:
(Must end with the words "Limited Liability Company, "L.L.C.," or "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:
2738 w. Thange st. Apt 1801 = 11
TAMABASEE FL 32303
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:
Dannell Redinan Name
Florida street address (P.O. Box NOT acceptable)
Tallahasse FL 32303 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
Registered Agent's Signature (REQUIRED)
Registered regalites of the Control

Page 1 of 2

(CONTINUED)

<u>"itle:</u> AMBR" = Authorized Member	Name and Address:
IGR" = Manager	**
AMBR	Dunnell Redman Dunell 2732 W. Thorpest. Apt 1801
	Tallohorseé FL. 32303
9mBR	Phone Anthony Total
	Trillohoree FL 32303
	•
V: Effective date, if other than the date	e of filing: (OPTIONAL) pecific and cannot be more than five business days prior to or 9
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V: Effective date, if other than the dative date is listed, the date must be siling.) VI: Other provisions, if any. EQUIRED SIGNATURE: Signature of a m (In accordance with section 6 constitutes an affirmation und	pecific and cannot be more than five business days prior to or 9 cember or an authorized representative of a member. 05.0203 (1) (b), Florida Statutes, the execution of this document ler the penalties of perjury that the facts stated herein are true.
V: Effective date, if other than the dative date is listed, the date must be sfiling.) VI: Other provisions, if any. EQUIRED SIGNATURE: Signature of a m (In accordance with section 6 constitutes an affirmation und I am aware that any false info	pecific and cannot be more than five business days prior to or 9 cember or an authorized representative of a member. 05.0203 (1) (b), Florida Statutes, the execution of this document
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V: Effective date, if other than the dative date is listed, the date must be siling.) VI: Other provisions, if any. COUIRED SIGNATURE: Signature of a m (In accordance with section 6 constitutes an affirmation und I am aware that any false info constitutes a third degree felo	pecific and cannot be more than five business days prior to or 9 ember or an authorized representative of a member. 05.0203 (1) (b), Florida Statutes, the execution of this document ler the penalties of perjury that the facts stated herein are true. ormation submitted in a document to the Department of State