(Req	uestor's Name)	
(Add	ress)	
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(City	/State/Zip/Phon	e #)
PICK-UP	WAIT	MAIL
(Bus	iness Entity Nar	me)
(Doc	ument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to F	iling Officer:	

ker - Office Use Only

EFFECTIVE DATE_

<u>. L.</u>



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JAN 20 2015 1. BRUCE

COVER LETTER

TO: Registration of Division of	on Section f Corporations					
SUBJECT: Milan	Digital Audio LLC Name of Lin	mited Liability Company				
The enclosed Article	es of Organization and fee(s) a	re submitted for filing.				
Please return all cor	respondence concerning this n	natter to the following:				
Brett M	lilan					
		Name of Person				
Milan D	igital Audio LLC					
		Firm/Company				
<u>9223 T</u>	illinghast Dr.					
		Address				
Tampa	. FL. 33626				2 <u>15</u>	-
	(City/State and Zip Code		AET :	Š	20 miles
.bmilan@milar	ndigitalaudio.com E-mail address: (to be use	d for future annual report notifica	ation)	CON EST	-7	
For further informat	ion concerning this matter, ple	•	,	EE F	-	1
	<i>5</i> /1			STATE	유 금: 33	
Brett Milan		317) 440-1296			ယ္သ	
Ni	ame of Person	Area Code Daytime Te	lephone Number			
Enclosed is a check	for the following amount:					
□ \$125.00 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	S155.00 Filing Fee & Certified Copy (additional copy is enclosed)	S160.00 Filing Certificate of S Certified Copy (additional copy is	itatus &	ı	
M	ailing Address	Street/Courier Add	<u>ress</u>			

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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 Limite	d Liability Company is:				
Milan Digital Audio L (N	LC Must end with the words "Limite	d Liability C	ompany, "L.L.C	C.," or "LLC.")	
ARTICLE II - Address The mailing address and	s: d street address of the principal	office of the	Limited Liabilit	ry Company is:	
Principal Office Addr	<u>ess:</u>	<u>Mailing</u>	Address:		
		9223 T Tampa 33626	illinghast Dr. , FL.	· · · · · · · · · · · · · · · · · · ·	
(The Limited Liability (another business entity	ered Agent, Registered Office Company cannot serve as its ow with an active Florida registrati	n Registered on.)			
The name and the Flori	da street address of the registere	ed agent are:			
	Brett Milan Nam	ıe			
	9223 Tillinghast Dr. Florida street address (P.O. Bo	ox <u>NOT</u> acce	ptable)	_	
	Tampa	FL	33626		
	City	-	Zip	_	
the place designated capacity. I further ag	l in this certificate, I hereby acce ree to comply with the provision. m familiar with and accept the o	ept the appoints of all statute bligations of pter 605, F.S.	tment as registe es relating to the my position as r	ve stated limited liability compared agent and agree to act in fill a proper and complete performance gistered agent as provided for SEE FLORIDS	ice
	(CONTIN	UED)			

Page 1 of 2

EFFECTIVE DATE_01/01/15

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:	
"MGR" = Manager	Ph 1 A 49	
MGR	Brett Milan	
	9223 Tillinghast Dr.	
	Tampa. FL. 33626	
		
		
		
•		
(Use attachment if necessary)		
E V: Effective date, if other than the date ective date is listed, the date must be sp of filing.)	e of filing: <u>January 1, 2015</u> . (OPTIONA ecific and cannot be more than five business days prior	
E V: Effective date, if other than the date ective date is listed, the date must be sp of filing.)	ecific and cannot be more than five business days prio	
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ARTICLE IV-