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	istration Secti sion of Corpo					
SUBJECT:	The	Lyric S	Stage	LLC.		
SOBJECT		Name of I	Limited Liabili	y Company		
The enclosed	Articles of Or	ganization and fee(s)) are submitted	for filing.		
Please return	all correspond	ence concerning this	matter to the f	ollowing:		
	ζ,	Dencer 0	1:11000			
_	<u></u>		Name of	Person	 	
	<u> </u>		Firm/Co	mpany		
_	λs	35 No	ble	(ourt		
			Addre	ess		
_	TAI	la hassee,	FI	32308	3	
		•	City/State and	l Zip Code		
	E-1	mail address: (to be u	ised for future	annual report notific	ation)	
For further in	nformation con	cerning this matter, p	olease call:			
Char	Inde M	\ me (1914s.	v 850	\ 877-31'	49	
	Name of	Porson	Area Code	Daytime Te	elephone Number	
Enclosed is a	check for the	following amount:				
	ng Fee 🔲 🤄	5130.00 Filing Fee & Certificate of Status	Certifi	0 Filing Fee & ed Copy all copy is enclosed)	□\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed	
Mailing Address Registration Section			Street/Courier Add Registration Section			
	Division of Corporations			Division of Corporations		

Registration Section Division of Corporation 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 Limited Liability Company is:		
The Lyric Stage (Must end with the words "Limited Lin	ability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address of the principal office	te of the Limited Liability Company is:	
Principal Office Address:	Mailing Address:	
2535 Noble Court	AS35 Nobe Ca Tallahasser, Fl	nt f
TAllahassee, Fl 32308	TAILAMASSER, FI	9
another business entity with an active Florida registration.) The name and the Florida street address of the registered ag Charlette Moore Name	N DRIVE OT acceptable)	15 MAR 25 PM 4: 00
Tallahassee	FL 32308	台 州 三
Having been named as registered agent and to accept servion the place designated in this certificate, I hereby accept the capacity. I further agree to comply with the provisions of of my duties, and I am familiar with and accept the obliga	ce of process for the above stated limited in appointment as registered agent and agail statutes relating to the proper and compations of my position as registered agent a 605, F.S	gree to act in this aplete performance

(CONTINUED)

Page 1 of 2

ARTICLE IV- The name and address of each person authorized	to manage and control the Limited Liability Company:
Title: "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager AMBR	Spencer gilleon 2535 Noise Cart Tallenessee, Fl 32308
AMBR	Kenneth Winker 1791 CASSAH Drive Tallahasser, Fl 32317
AMBR	Doris Ann Aboots Block Morse Court Tallahassee, Fl 32309
(Use attachment if necessary)	15 HAR 25
ARTICLE V: Effective date, if other than the date of filing	: (OPTIONAL) 37
ARTICLE VI: Other provisions, if any.	
REQUIRED SIGNATURE:	C: W
(In accordance with section 605.0203 (constitutes an affirmation under the per	r an authorized representative of a member. (1) (b), Florida Statutes, the execution of this document nalties of perjury that the facts stated herein are true. ubmitted in a document to the Department of State vided for in s.817.155, F.S.)
Spence Typed	or printed name of signee

Filing Fees:
\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)