

4500053736

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

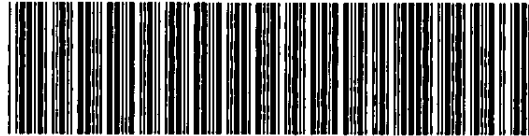
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100270251461

03/09/15--01032--006 **130.00

FILED
15 MAR -9 PM 12:04
SECRETARY OF STATE
TOLSON, KATHLEEN

MAR 26 2015
S. YOUNG

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BLACK MUSIC 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:

Davian Canty

Name of Person

Firm/Company

21915 SW 109 AVE

Address

Miami FL 33170

City/State and Zip Code

davian49@hotmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Rashielle

Name of Person

at (706) 564 0396

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee

☒ \$130.00 Filing Fee &
Certificate of Status

☐ \$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 Address

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

FILED
15 MAR -9 PM 12:04
TALLAHASSEE, FL 32301
DIVISION OF STATE
CORPORATIONS

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Black Music 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:

21915 SW 109 AVE
Miami FL 33170

Mailing Address:

21915 SW 109 AVE
Miami FL 33170

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:

Davilan Canty
Name
21915 SW 109 AVE
Florida street address (P.O. Box **NOT** acceptable)
Miami FL 33170
City Zip

FILED
15 MAR -9 PM 12:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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)

(CONTINUED)

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

MGR

AMBR

AMBR

Name and Address:

Rashielle Teape
21915 SW 109 AVE
MIAMI FL 33170

Davian Canty
21915 SW 109 AVE
Miami FL 33170

Jeremy Walker
15763 SW 141 ST
Miami FL 33196

Jordan Duperly
17203 SW 87 AVE
Miami FL 33159


(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:


Signature of a member or an authorized representative of a member.
(In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Davian Canty
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)

FILED
15 MAR -9 PM 12:06
STATE OF FLORIDA
DEPARTMENT OF STATE