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## **COVER LETTER**

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	legistration Division of C	Section orporations			
SUBJECT		Outt Musikk Group			
SOBOLO	·	Name of Lin	mited Liabili	ty Company	
The enclos	sed Articles o	of Organization and fee(s) as	re submitted	for filing.	
Please retu	ırn all corres	pondence concerning this m	atter to the f	ollowing:	
	Giovanni I	iamm			
			Name of	Person	
	Spaced Ou	tt Musikk Group			
			Firm/Co	npany	
	6336 Taylo	or street			
	<del></del>		Addre	ess	
	Hollywood	1/ Florida/33024			
	spacedouttn	usikk010@gmail.com	City/State and	l Zip Code	
		E-mail address: (to be used	d for future a	nnual report notificat	ion)
For further i	information o	concerning this matter, pleas	se call:		
	Giovanni H		154	937-2633	
	Na		Area Code	Daytime Telephon	e Number
Enclosed i	s a check for	the following amount:			
\$125.00 F	iling Fee	\$130.00 Filing Fee & Certificate of Status	Certific	0 Filing Fee & ed Copy ed Copy el copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	<u>Mail</u>	ing Address		Street Address	

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

EFFECTIVE DATE 5/12/5
ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Al	RT	ICL	ΕI	- N	lame:

The name of the Limited Liability Company is:

Spaced Outt Musikk Group 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:

6336 Taylor street, hollywood, fl, 33024

6336 Taylor street, hollywood, fl, 33024

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:

Name

6336 Taylor street

Florida street address (P.O. Box NOT acceptable)

hollywood FL 33024

City State 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)

(CONTINUED)

Page 1 of 2

2015 HAY 18 P 1: 15
SECRETARY OF STATE
OF LIGHTON

<u>Title:</u> "AMBR" = Authoriz	and Mamhar	Name and Address:	
	ed Memori		
"MGR" = Manager AMBR		Giovanni Hamm	
AMIDIC		6336 Taylor street	
		Hollywood, FL 3302	
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(Use attachment if no	ecessary)		
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ARTICLE IV-