

L15000117012

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

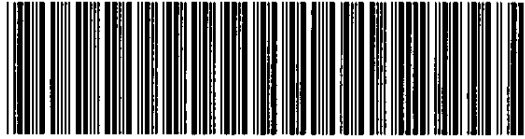
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



600274722696

07/08/15--01013--006 \*\*125.00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

15 JUL -8 PM 12:47

APPROVAL  
AND  
FILED

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Married to the Money Entertainment (MTTM)  
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:

Rocco Caruso

Name of Person

Firm/Company

102 Saffron Way

Address

Kissimmee, Florida 34758

City/State and Zip Code

irocco.caruso@gmail.com

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

For further information concerning this matter, please call:

Rocco Caruso                      312                      613-0555  
Name of Person                      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  
 New Filing Section  
 Division of Corporations  
 P.O. Box 6327  
 Tallahassee, FL 32314

Street Address  
 New Filing Section  
 Division of Corporations  
 Clifton Building  
 2661 Executive Center Circle  
 Tallahassee, FL 32301

APPROVED  
AND  
FILED

15 JUL -8 PM 12:47

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Married to the Money Entertainment LLC.

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

102 Saffron Way  
Kissimmee, Florida 34758

Mailing Address:

102 Saffron Way  
Kissimmee, Florida 34758

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.)

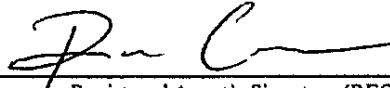
The name and the Florida street address of the registered agent are:

Rocco Caruso  
Name

102 Saffron Way  
Florida street address (P.O. Box **NOT** acceptable)

<u>Kissimmee</u>	<u>Florida</u>	<u>34758</u>
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)

APPROVED  
AND  
FILED

15 JUL -8 PM 12:47

**ARTICLE IV-**

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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**Title:**

"AMBR" = Authorized Member  
"MGR" = Manager  
MGR

**Name and Address:**

ANDREW HAMILTON  
360 A NE F Street #121  
Grants Pass, Oregon 97526

MGR

ROCCO CARUSO  
102 Saffron Way  
Kissimmee, Florida 34758

(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.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

**ARTICLE VI:** Other provisions, if any.

SEE THE ARTICLES OF OPERATION FILED WITH THE FLORIDA SECRETARY OF STATE'S OFFICE

**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.)

Rocco Caruso

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)