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\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

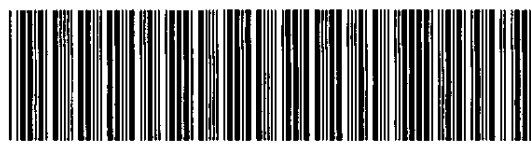
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



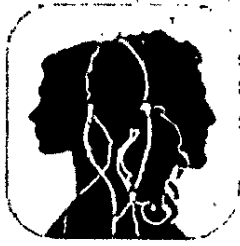
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TALLAHASSEE, FLORIDA  
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Name of Organization: **EARDROP ENTERTAINMENT LLC**

Contact Person: Jafari or Lylia Harris  
3596 Atherton Street  
Jacksonville, FL 32207

Contact Info:  
404-452-6260 – jafariharris@gmail.com.  
904-508-3555 – lyliaclairmont@yahoo.com

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** EARDROP ENTERTAINMENT 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:

JAFARI HARRIS

Name of Person

EARDROP ENTERTAINMENT LLC

Firm/Company

3596 ATHERTON STREET

Address

JACKSONVILLE, FL 32207

City/State and Zip Code

eardropentertainment@gmail.com

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

For further information concerning this matter, please call:

Lylia Harris      904      508-3555  
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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

EARDROP ENTERTAINMENT 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:

3596 ATHERTON STREET  
JACKSONVILLE, FL 32207

Mailing Address:

3596 ATHERTON STREET  
JACKSONVILLE, FL 32207

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:

JAFARI HARRIS

Name

3596 ATHERTON STREET

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

JACKSONVILLE

FLORIDA

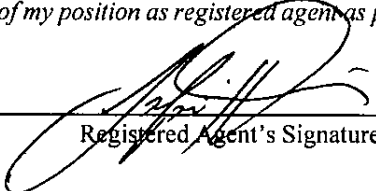
32207

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)

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SECRETARY OF FLORIDA  
TALLAHASSEE, FLORIDA  
15 AUG 31 PM 12:12

**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

PRESIDENT

**Name and Address:**

JAFARI HARRIS

3596 ATHERTON STREET

JACKSONVILLE, FL 32207

VICE-PRESIDENT

LYLIA HARRIS

3596 ATHERTON STREET

JACKSONVILLE, FL 32207

(Use attachment if necessary)

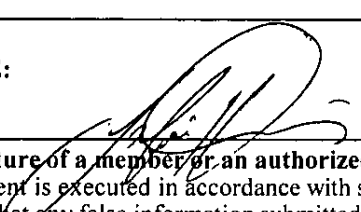
**ARTICLE V:** Effective date, if other than the date of filing: August 29, 2015. (OPTIONAL)

(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.

**REQUIRED SIGNATURE:**

  
\_\_\_\_\_  
**Signature of a member or an authorized representative of a member.**

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.  
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.

JAFARI HARRIS

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)**



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 20, 2015

JAFARI HARRIS  
3596 ATHERTON STREET  
JACKSONVILLE, FL 32207

SUBJECT: EARDROP ENTERTAINMENT LLC  
Ref. Number: W15000055690

RECEIVED  
AUG 31 2015

We have received your document for EARDROP ENTERTAINMENT LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to section 605.0207, F.S., the effective date must be specific, cannot be more than five business days prior to the date of filing or more than 90 days after the date of filing. Our office received your document on . Please amend your document accordingly.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Christine Haney  
Regulatory Specialist II  
New Filing Section

Letter Number: 415A00017568