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| (Re | equestor's Name) | |
|-------------------------|--------------------|-------------|
| (Ad | ldress) | |
| (Ad | ldress) | |
| (Cit | ty/State/Zip/Phone | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | siness Entity Nar | ne) |
| (Do | ocument Number) | |
| Certified Copies | _ Certificates | s of Status |
| Special Instructions to | Filing Officer: | |
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COVER LETTER

| | egistration Section livision of Corporations | | |
|---------------|---|---|--------------|
| SUBJECT | Irie Vibes Music LLC | | |
| SUBJECT | | f Limited Liability Company | Hi |
| The enclos | sed Articles of Organization and fee(| (s) are submitted for filing. | |
| Please retu | irn all correspondence concerning th | is matter to the following: | H |
| | Brandon Rome | | |
| | | Name of Person | |
| | Irie Vibes Music LLC | | |
| | | Firm/Company | |
| | 6630 SW 57th Ave., B527 | | |
| | | Address | |
| | South Miami, FL 33143 | | |
| | | City/State and Zip Code | . |
| | rometheprophet@gmail.com | used for future annual report notification) | |
| For further i | information concerning this matter, p | · | |
| | Brandon Rome | 570 406 8911 | |
| | Name of Person | Area Code Daytime Telephone Number | |
| Enclosed i | s a check for the following amount: | | |
| S125.00 F | Filing Fee \$130.00 Filing Fee Certificate of Statu | | Status & |
| | Mailing Address | Street Address New Filling Section | |
| | New Filing Section Division of Corporations | New Filing Section Division of Corporations | |
| | P.O. Box 6327 Tallahassee, FL 32314 | Clifton Building 2661 Executive Center Circle | |

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE | I - Name: | |
|-------------|---|--|
| The name of | f the Limited Liability Company is: | |
| | | |
| 1 | trie Vibes Music LLC | |
| _ | (Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.") | |
| | II - Address: address and street address of the principal office of the Limited Liability Company is: | |

| Principal Office Address: | Mailing Address: |
|---------------------------|-------------------------|
| 6630 SW 57th Ave., B527 | 6630 SW 57th Ave., B527 |
| South Miami, FL 33143 | South Miami, FL 33143 |
| | |

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 | |
|-----------------------|-----------------------------|----------|
| 5630 SW 57th Ave., | B527 | |
| Florida street addres | ss (P.O. Box <u>NOT</u> acc | eptable) |
| | | |
| South Miami | Florida | 33143 |

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..

Brandon Rome

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

| Title: | Name and Address: |
|---|---|
| "AMBR" = Authorized Member | |
| "MGR" = Manager | |
| MGR | Brandon Rome |
| | 6630 SW 57th Ave., B527 |
| | South Miami, FL 33143 |
| AMBR | Brandon Rome |
| | 6630 SW 57th Ave., B527 |
| | South Miami, FL 33143 |
| · | |
| | |
| | |
| | |
| | |
| | |
| | |
| (Use attachment if necessary) | |
| LE V: Effective date, if other than the offective date is listed, the date must be of filing.) | date of filing: (9/1/15) September 1, 2015 (OPTIONAL) e specific and cannot be more than five business days prior to or 90 denot meet the applicable statutory filing requirements, this date will not be unt of State's records. |
| LE V: Effective date, if other than the offective date is listed, the date must be of filing.) If the date inserted in this block does nument's effective date on the Departm LE VI: Other provisions, if any. | e specific and cannot be more than five business days prior to or 90 de not meet the applicable statutory filing requirements, this date will not b |
| LE V: Effective date, if other than the offective date is listed, the date must be of filing.) If the date inserted in this block does nument's effective date on the Departm LE VI: Other provisions, if any. | e specific and cannot be more than five business days prior to or 90 denot meet the applicable statutory filing requirements, this date will not be sent of State's records. |
| LE V: Effective date, if other than the offective date is listed, the date must be of filing.) If the date inserted in this block does nument's effective date on the Departm LE VI: Other provisions, if any. | e specific and cannot be more than five business days prior to or 90 denote the applicable statutory filing requirements, this date will not be cent of State's records. |

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

Filing Fees:

Typed or printed name of signee

Page 2 of 2

ARTICLE IV-