

L15000162690

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

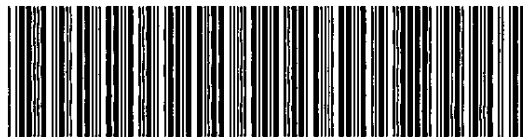
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Member Sign
Effective Date

WIS-58370

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15 SEP 18 AM 7:24
SECRETARY OF STATE
MAIL ROOM

SEP 24 2015
W PAINTER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 2, 2015

EUGENIE L. HARRIS
229 SW ROYAL CT
LAKE CITY, FL 32024

SUBJECT: LAKE CITY MUSIC MAKER STUDIO, LLC
Ref. Number: W15000058370

RECEIVED
SEP 2 2015

We have received your document for LAKE CITY MUSIC MAKER STUDIO, LLC and your check(s) totaling \$125.00. 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.

Section 605.0203(1)(b), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return 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.

WESTLEE A PAINTER
Regulatory Specialist II

Letter Number: 715A00018602

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SEP 2 2015
TALLAHASSEE, FLORIDA

15 SEP 22 PM 1:50

RECEIVED

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: LAKE CITY MUSIC MAKER STUDIO, 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:

EUGENIE L. HARRIS

Name of Person

LAKE CITY MUSIC MAKER STUDIO, LLC

Firm/Company

229 SW ROYAL CT

Address

LAKE CITY, FLORIDA 32024

City/State and Zip Code

genie.harris@yahoo.com

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

For further information concerning this matter, please call:

GENIE HARRIS

407

415-8230

at ()

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:

LAKE CITY MUSIC MAKER STUDIO, 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:

229 SW ROYAL CT
LAKE CITY, FL 32024

Mailing Address:

229 SW ROYAL CT
LAKE CITY, FL 32024

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:

EUGENIE L. HARRIS

Name

229 SW ROYAL CT

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

LAKE CITY

FL

32024

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.

Eugenie L. Harris
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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CLERK OF STATE
AT TALLAHASSEE, FLORIDA

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR/MGR

Name and Address:

EUGENIE L HARRIS

229 SW ROYAL CT

LAKE CITY, FL 32024

AMBR

STEVEN A HARRIS

229 SW ROYAL CT

LAKE CITY, FL 32024

(Use attachment if necessary)


ARTICLE V: Effective date, if other than the date of filing: October 1, 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 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.

Eugenie L. 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)

15 SEP 18 AM 7:24
SECRETARY OF STATE
ATLANTA, GEORGIA