

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

90116

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To:

Division of Corporations
 Fax Number : (850) 617-6381

From:

Account Name : FOWLER WHITE BURNETT P.A.
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****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address:

jdr@fowler-white.com

FLORIDA LIMITED LIABILITY CO.
N.M.L., LLC

Certificate of Status	1
Certified Copy	1
Page Count	03
Estimated Charge	\$160.00

RECEIVED

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9/28/2015 9:58:37 AM PAGE 1/001 Fax Server



September 28, 2015

FLORIDA DEPARTMENT OF STATE
Division of Corporations

FOWLER WHITE BURNETT P.A.

SUBJECT: N.M.L., LLC
REF: W15000064380

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

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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.

Jessica A Fason
Regulatory Specialist II

FAX Aud. #: H15000230947
Letter Number: 615A00020402

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ARTICLES OF ORGANIZATION
OF
N.M.L. MUSIC, LLC

ARTICLE I

The name of the limited liability company formed hereby is N.M.L. MUSIC, LLC (the "Limited Liability Company").

ARTICLE II

The duration of the Limited Liability Company shall be perpetual.

ARTICLE III

The principal office and mailing address of the Limited Liability Company shall be as follows:

407 Via Placita
Palm Beach Gardens, Florida 33418

ARTICLE IV

The Registered Agent of the Limited Liability Company and his street address in the State of Florida are as follows:

Lisa Lickstein
407 Via Placita
Palm Beach Gardens, Florida 33418

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TALLAHASSEE, FLORIDA

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ARTICLE V

The Limited Liability Company shall be manager-managed. The name and address of the initial Manager is as follows:

Lisa Lickstein
407 Via Placita
Palm Beach Gardens, Florida 33418




Lisa Lickstein,
as Authorized Representative of the Members

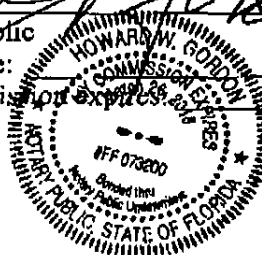
STATE OF FLORIDA)
)
COUNTY OF MIAMI-DADE)

BEFORE ME personally appeared Lisa Lickstein , as Authorized Representative of the Members, ☐ who is personally known to me, or ☐ who produced _____ as identification, to be the person who executed the foregoing Articles of Organization.

IN WITNESS WHEREOF I have hereunto set my hand and official seal this 27th day of Sept 2015



Notary Public
Print Name: _____
My Commission Expires: _____



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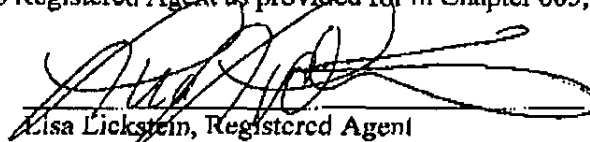
CERTIFICATE OF DESIGNATION OF RESIDENT AGENT
AND ACCEPTANCE OF DESIGNATION

Pursuant to the provisions of Section 605.0113, Florida Statutes, the undersigned limited liability company organized under the laws of the state of Florida, submits the following statement in designating its Registered Office and Registered Agent in the State of Florida:

1. The name of the limited liability company is N.M.L., Music, LLC
2. The name and address of the Registered Agent and Office is:

Lisa Lickstein
407 Via Placita
Palm Beach Gardens, Florida 33418

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.


Lisa Lickstein, Registered Agent

Date: 9/24/15

N.M.L., Music, LLC

By: 

Lisa Lickstein,
as Authorized Representative
of the Members

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