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(Re	equestor's Name	
(Ad	idress)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	no#
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FLORIDA DEPARTMENT OF STATE Division of Corporations

November 10, 2015

DANIEL EMILIO MARTINEZ 8615 BOARDWALK PATH DR APT 1422 D TEMPLE TERRACE, FL 33637

SUBJECT: SOULLASOL RECORDS LLC

Ref. Number: W15000074095

We have received your document for SOULLASOL RECORDS LLC, however, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State.

The fees for profit and nonprofit, domestic or foreign are as follows:

Filings Fees:	\$35.00
Registered Agent	
Designation	\$35.00
Certified Copy	\$8.75
Certificate of Status	\$8.75

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Certified Copy	\$8.75
Certificate of Status	\$8.75

If your business entity does not intend to transact business until January 1st of the upcoming calendar year, you may wish to revise your document to include an effective date of January 1st. If you do not list an effective date of January 1st, your business entity will become effective this calendar year and it will be required to file an annual report and pay the required annual report fee for the upcoming calendar year this coming January, which is merely weeks away. By listing an effective date of January 1st, the entity's existence will not begin until January 1st of the upcoming year and will, therefore, postpone the entity's requirement to file an annual report and pay the required annual report filing fee until the following calendar year.

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.

Tyrone Scott Regulatory Specialist II

Letter Number: 215A00023782

COVER LETTER

Division of Corporations
SUBJECT: ScullaSol Records LLC Name of Limited Liability Company
The enclosed Articles of Organization and fec(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Daniel Emilio Martinez
Name of Person
Firm/Company
8613 Boardwalk Porth Dr. Apt 14221)
Address
Temple Terrace, FL 33637 City/State and Zip Code Soullasolrecords@gmail.com
Soullasotrecords @ a mail. com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Daniel Emilia Mantinear (718) 772-8034
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\ \text{Certificate of Status} \text{S155.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed)} \$
Mailing Address Street Address
New Filing Section New Filing Section
Division of Corporations P.O. Box 6327 Division of Corporations Clifton Building
Tallahassee, FL 32314 2661 Executive Center Circle Tallahassee, FL 32301
- ····································

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:	
SoulLaSol Records LL	C .
(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	ne Limited Liability Company is:
Principal Office Address:	Mailing Address:
\$615 Bondwalk Path Do	8615 Rondon D. Path De

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:

Daniel Emilio Martinez

Name

8615 Boardwalk Path Dr. Apt 1422D

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

Temple Terrace, FL 33637

City State Zin

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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ïtle:	· Name and Address:
AMBR" = Authorized Member	•
MGR" = Manager HMBR	Janelle Richardson
THE DIE	7010 Sierra Madre Place Apt 10=
•	Tampa, FL 33617
h4 = 5	, interpretation of the control of t
MGR	Dansiel George
	2633 Fidolestrick Circle
	Luty FL 33559
se attachment if necessary)	
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