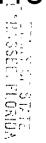
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(Re	equestor's Name)	
(Ac	ldress)	
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PICK-UP	☐ WAIT	MAIL .
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(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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## **COVER LETTER**

	ivision of Corporations	
CHD IECT	BOYTOY MUS	AC LLC
SUBJECT	Name of Lin	nited Liability Company
The enclos	sed Articles of Organization and fee(s) are	e submitted for filing.
Please retu	arn all correspondence concerning this ma	atter to the following:
	Glenn	Van Dyke Name of Person
		Name of Person
	12 AV	
	507 707 MU4	Firm/Company
		7 it it Company
	156 knickerbo	Address
		Address
	Brooklyn, NY	ity/State and Zip Code  mail. com  for future annual report notification)
	C	ity/State and Zip Code
_	boytoyband@g	mail.com
	E-mail address: (to be used	for future annual report notification)
For further in	nformation concerning this matter, please	e call:
	Glenn Van Dyke at (	904 ) 610-1084
	Name of Person A	rea Code Daytime Telephone Number
Enclosed is	s a check for the following amount:	
\$125.00 Fi	iling Fee \$130.00 Filing Fee &	\$155.00 Filing Fee & \$160.00 Filing Fee,
!	Certificate of Status	Certified Copy Certificate of Status &  (additional copy is enclosed) Certified Copy
		(additional copy is enclosed) (additional copy is enclosed)
	Mailing Address	Street Address
	New Filing Section	New Filing Section
	Division of Corporations	Division of Corporations
	P.O. Box 6327	Clifton Building
	Tallahassee, FL 32314	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:		•	<del>-</del> 6
				<u>C</u>
	TOY MUSIC L			
(Must end w	ith the words "Limited l	Liability Comp	pany, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street add	dress of the principal of	fice of the Lim	ited Liability Company is:	AH III
<u>Principal</u>	Office Address:		Mailing Address:	<u> </u>
156 Knicker	bocker ave n	pt. IR	156 knickerbocke Brooklyn, NY 117	Ave Apt. IR
	V Y	-	Drocking 1 101 112	<u> </u>
another business entity with an ac The name and the Florida street ac	· ·	,		, ,
	Glenn Va	n Dyke		
		Name		
	4727 Prince	ss Anne	Lane	
	Florida street address	(P.O. Box <u>NO</u>	T acceptable)	
	Jacksonville	FL	32210	
	City	State	Zip	
laving heen named as registered ag	ent and to accept servic	e of process fo	r the above stated limited liability co	mpany at the

H 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..

Resistered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

Title: "AMBR" = Authorized Member	Name and Address:	,
"MGR" = Manager		
AMBR	Glenn Michael Van Dyke	
	156 Knickerbocker Ave Ap	+ .   R
	Brooklyn, NY 11237	<u> </u>
• 00		٠ د
AMBR	saara = Untracht - Oakner	
	259 Melrose	
	Brooklyn, NY 11237	- SS - F
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effective date is listed, the date must be spe te of filing.)	of filing: (OPTIC ecific and cannot be more than five business days pr	rior to or 90 d
CLE V: Effective date, if other than the date effective date is listed, the date must be speed of filing.)  If the date inserted in this block does not mean the date on the Department of the date of the Department of the date of the Department of the date of the Department of the D	ecific and cannot be more than five business days properties the applicable statutory filing requirements, this	rior to or 90 d
CLE V: Effective date, if other than the date effective date is listed, the date must be specie of filing.)  If the date inserted in this block does not moument's effective date on the Department of CLE VI: Other provisions, if any.	ecific and cannot be more than five business days properties the applicable statutory filing requirements, this	rior to or 90 d
CLE V: Effective date, if other than the date ffective date is listed, the date must be spee of filing.)  If the date inserted in this block does not movement's effective date on the Department of the CLE VI: Other provisions, if any.  REQUIRED SIGNATURE:	neet the applicable statutory filing requirements, this of State's records.	rior to or 90 d
CLE V: Effective date, if other than the date ffective date is listed, the date must be spee of filing.)  If the date inserted in this block does not recument's effective date on the Department of the CLE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a me This document is execut I am aware that any false	ecific and cannot be more than five business days properties the applicable statutory filing requirements, this	rior to or 90 d date will not b
CLE V: Effective date, if other than the date effective date is listed, the date must be spee e of filing.)  If the date inserted in this block does not meanent's effective date on the Department of CLE VI: Other provisions, if any.  REOUIRED SIGNATURE:  Signature of a me This document is execut I am aware that any false constitutes a third degree	mber or an authorized representative of a member ed in accordance with section 605.0203 (1) (b), Florie information submitted in a document to the Departm	rior to or 90 d date will not b

as

\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)