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(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	of Status
Special Instructions to I	Filing Officer:	
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16 JUN -2 PH 12: 51
SECRETARY OF STATE
TALLAHASSEE FLOOR

VH

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Marty Jay Music LLC Name of Limited Liability Comp	pany
The enclosed Articles of Organization and fee(s) are submitted for filin	g.
Please return all correspondence concerning this matter to the following	g:
Allison J. Brown Name of Person	
Marty Jay Music Ll Firm/Company	_C
12309 Silton Peace	Dv.
RIVERVIEW, FL 335 City/State and Zip Co	79 ode
E-mail address: to be used for future annual re	yahoo, COM port notification)
For further information concerning this matter, please call:	
Allison Brown at (30) 52 Name of Person Area Code Dayti	26-3390 ime Telephone Number
Enclosed is a check for the following amount:	
\$125.00 Filing Fee & Certificate of Status (additional copy is	Certificate of Status &
Division of Corporations Division P.O. Box 6327 Clifton I	ing Section of Corporations

Tallahassee, FL 32301

ARTÍCLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	FILED
The name of the Limited Liability Company is:	16 JUH -2 PM 12: 51
marty Jay Music	SECRETARY LESTATE OMPANY, "L.L.C.," or "LLC." LAHASSEE FLORIDA
(Must end with the words "Limited Liability Co	impany, "L.L.C.," or "LLC" LAHASSEE FLORIDA
ARTICLE II - Address: The mailing address and street address of the principal office of the I	imited Liability Company is:
Principal Office Address:	Mailing Address:
12309 Silton Peace Dr. Riverview, FL 33579	same
ARTICLE III - Registered Agent, Registered Office, & Registered (The Limited Liability Company cannot serve as its own Registered Agent another business entity with an active Florida registration.)	
The name and the Florida street address of the registered agent are:	
Allison J Bi Name 12309 Silton Pe	vun
17200 Subsa Do	pace Du
Florida street address (P.O. Box)	NOT acceptable)
RIVERVIEW FL City State	
City State	Zip
Having been named as registered agent and to accept service of process place designated in this certificate, I hereby accept the appointment as r further agree to comply with the provisions of all statutes relating to the am familiar with and accept the obligations of my position as registered	egistered agent and agree to act in this capacity. I proper and complete performance of my duties, and I
Registered Agent's	Signature (REQUIRED)
(CONTIN	UED)

Page 1 of 2

ARTICLE IV-	FILED
The name and address of each person	a authorized to manage and control the Limited Liability Company: 16 JUN -2 PM 2:
<u>Title:</u>	Name and Address:
"AMBR" = Authorized Member "MGR" = Manager	SECRETARY OF ST TALL AHASSEE FLOT
MGR - Wallager 	Allisan J Brown
	12309 Silton Peace Dr.
	RIVERVIEW FL 33579
	
	
	
(Use attachment if necessary)	
effective date is listed, the date must be e of filing.)	
CLE V: Effective date, if other than the defective date is listed, the date must be e of filing.) If the date inserted in this block does not current's effective date on the Department of the CLE VI: Other provisions, if any.	e specific and cannot be more than five business days prior to or 90 days after ot meet the applicable statutory filing requirements, this date will not be listed a ent of State's records.
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