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Office Use Only

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COVER LETTER

TO:

Registration Section

Division of Corporations
SUBJECT: STREET POLITICS RECORDS 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:
Teavis Rayrald Thurston Je.
Street Politics Records
Address
Tallahassee Florida 32308 City/State and Zip Code Street Politics booking Damail. Com mail acides is (to be used for future union) report notification). For further information concerning this matter, please casi:
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\ \text{S130.00 Filing Fee & Certificate of Status} \text{S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)}
Mailing Address Street Address

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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:

Steet Politics Records 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:	Mailing Address:
2554 Capital CIR NE	2451 Eddic Rd
32308	32307
Tullanassee FL	Tallana SSEC FL

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.)

Paving been hamed as registered agent and to accept service of process for the a wive stated limited liability company at the place designated in this certificate. Thereby accept the appointment as registered egent and agree to not in this capacity. I further agree to wordly 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)

Page 1 of 2

SECRETARILY STATE

Title: "AMBR" = A "MGR" = Ma	uthorized Member	Name and Address:
C.E.		Travis Dayrard Thurston 2481 Eddic Ld 32308 Taliana SSCE FL
AMB	2	Shalanda Stevens
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LEV: Effective fective date is I of filing.) f the date insertiment's effective LEVI: Other processions.	sided, if other than the date of fisted, the date must be specified in this block does not meet be date on the Department of stovisions, if any. Signature of a memb This document is executed I am aware that any false in constitutes a third degree fe	the applicable statutory filing requirements, this date will not be state's records. The applicable statutory filing requirements, this date will not be state's records. The applicable statutory filing requirements, this date will not be state's records. The applicable statutory filing requirements, this date will not be state applicable applicable and applicable applicable and authorized representative of a member. In accordance with section 605.0203 (1) (b), Florida Statutes, formation submitted in a document to the Department of State

ARTICLE IV-