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PICK-UP	WAIT	MAIL		
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Certified Copies	Certificate	s of Status		
Special Instructions to Fili	ng Officer:			

Office Use Only



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## COVER LETTER

TO:	New Filing Section Division of Corporations		
SUB	JECT: VERY High Society Music Film Lifestyle Name of Limited Liability Company	LL	C
The	enclosed Articles of Organization and fee(s) are submitted for filing.		
Pleas	se return all correspondence concerning this matter to the following:	· !	they save a se
	Paul Oliver Reed		
	Name of Person		
	6053 Button Willow In		
	Address		
	Tallahassa, FL 32305 City/State and Zip Code		
	Very high societ visson a moil com		
	E-mail address: (to be used for future annual report notification)		
For fu	irther information concerning this matter, please call:		
	Paul C. Reed at (454) 2/8-3020  Name of Person Area Code Daytime Telephone Number	N <u>5</u> -	mm enet
Encl	losed is a check for the following amount:		
\$12:	5.00 Filing Fee \$\ \text{Certificate of Status} S155.00 Filing Fee & Certificate of Status & Cer	ed)	
	Mailing Address Street Address		
	New Filing Section New Filing Section Division of Corporations Division of Corporations		
	P.O. Box 6327 Clifton Building		
	Tallahassee, F1, 32314 2661 Executive Center Circle		

Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

A	RT	10	C	١.	F	ı	_	N	Ω	en	e	•
	1								41		•	

The name of the Limited Liability Company is:

VOTY High Society Music Film Lifestyle LLC
(Must contain 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:

53 Bullon Willow Ca

Principal Office Address:

Botton Willaw Lr

Total and

Mailing Address:

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:

Name

6053 Botton Wilhw Co

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

Tallamssec F/

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)

ARTICLE IV- The name and address of each person au	thorized to manage and control the Limited Liability Company:
Title: "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	Paul Cliver Reed  6053 Button Willewin  Jallahosse FL 800
AMBR	Toseph Anthony Faires it 8321 Pin Oak 123 2305
AMBR	British leland 29 Beeler 130 Crawfordville FL 32327
MGB	Jaza Simmons 33870Bucster Hwy Apt 607 Midwy FE 32303
(Use attachment if necessary)	
ite of filing.)	e of filing:
seument's effective date on the Department	of State's records.
CLEVI: Other provisions, if any.  EC Paul Oliver Reece  ETY HIGH Society and large a strike of the party of t	) Controls 100% of in Case T. Paul Cliver Reed cornet TAZA Simmers takes Contel
REQUIRED SIGNATURE:	

Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203 (1) (b). Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Typed or printed name of signee

ONLY HOSE

## Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

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