Florida Department of State

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : CORP USA Account Number : 072450003255 Phone : (305)634-3694 Fax Number : (305)633-9696

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:_

FLORIDA LIMITED LIABILITY CO.

distinctive voices IIc

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Corporate Filing Menu

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COVER LETTER

TO:	New Filing Section Division of Corporations		
SURJE	CT:	DISTINCTIVE VOI	CESLIC
		Name of Limited Links	ility Company
The cas	closed Articles of Organization a	nd fbc(s) are submitte	d for filing.
Picase i	etura all carrespondence concer	ning this resitter to the	following:
		JOANN	YARROW
		Name o	f Person
		DISTINCTIVE	VOICES LLC
	······································	Firm/C	0stap.a.rry
		18028 SW 12	TH COURT
		Add	rest
		HOLLYWOO	DD, FL 33029
		City/State at	•
	E-mail address:		Amual com Amual report notification)
r furthe	r information concerning this m		manum rupus amansyminy)
	JOANN YARROW	714	235-1132
	Name of Person	at (Daytime Telephone Number

ARTICLES OF ORGANIZATION FOR FLOREDALIMITED LIABELITY COMPANY

	DISTING	TIVE VOICES I	rc.
(Must contain			, "L.L.C.," or "LLC.")
ARTICLE II - Address:			
The mailing address and street addr	ress of the principal of	fice of the Limite	d Limbility Company is:
Principal	Office Address:		Mailing Address:
18028 SW 12TH COUR	RT	SAI	ME
HOLLYWOOD, FL 330	029		
RTICLE III - Registered Agent, The Limited Liability Company on	, Registered Office, d	Constered Agent.	nt's Signafare: You must designate an individual o
ARTICLE III - Registered Agent The Limited Liability Company on nother business entity with an acti	, Registered Office, a mot serve as its own I we Florida registration	Registered Agent. .)	nt's Signature: You must designate an individual o
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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)

13 JAN 18 PH 3: 40

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
MGR/AMBR	JOANN YARROW
	18028 SW 12TH COURT
	HÖLLYWOOD, FL 33029
	
	•
<u> </u>	
(Use attachment if necessary)	
EV: Effective date, if other than the di- fective date is listed, the date areas be	ste of filing:
EV: Effective date, if other than the di fective date is listed, the date usuat be of filing.)	specific and cannot be more than five business days prior to or 90 days most the applicable statutory filing requirements, this date will not be
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