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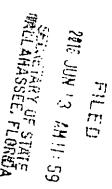
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COVER LETTER

	Filing Section ion of Corporations	
SUBJECT: _	LIME-N-FETE MUSI Name of Limited Lial	C FESTIVAL pility Company
The enclosed a	Articles of Organization and fee(s) are submitt	ed for filing.
Please return a	ill correspondence concerning this matter to th	e following:
_	Alain Romain	of Person
		Company
	2420 North 56th Avenue	dress
_	Hollywood, Florida City/State ARomain 15 P. fmail. E-mail address: (to be used for futur	and Zip Code Com e annual report notification)
For further info	rmation concerning this matter, please call:	
 #	Alain Romain at (954) Name of Person Area Code	Daytime Telephone Number
	Certificate of Status Cert	5.00 Filing Fee & S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address 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:					
LIME-N-	FETE MUSIC	FESTIVAL, LL	. <u>C</u>		
(Must contain the words "	Limited Liability Comp	pany, "L.L.C.," or "LLC.")			
ARTICLE II - Address: The mailing address and street address of the pr	incipal office of the Lir	nited Liability Company is:			
Principal Office Addr	ess:	Mailing Ado	dress:		
2420 North 56th Hollywood, FL 37021	Avenuc	2420 North Hullywood, FL	33021		
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as another business entity with an active Florida registered).	s its own Registered Ag		individual or 競賞	∼	
The name and the Florida street address of the r	egistered agent are: Romain Name		LAHASSE	Self Jun 13	7)
242c Florida stree	o North 56 ⁺¹ et address (P.O. Box No		e, FLOR	AM II: 5	TH U
Hollywo Ci	od FL ty State	33021 Zip	Can >	9	

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 fregistered agent as provided for in Chapter 605, F.S.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
MGR	Bervana Terome 11241 West Atlantic BIVD Coral Springs, FL 33071
	cuin spirits) Lr -33 k Ll
(Use attachment if necessary)	
EV: Effective date, if other than the defective date is listed, the date must be of filing.)	ate of filing:
JE V: Effective date, if other than the defective date is listed, the date must be of filing.) If the date inserted in this block does not ment's effective date on the Department.	specific and cannot be more than five business days prior to or 90 of meet the applicable statutory filing requirements, this date will not
EV: Effective date, if other than the difective date is listed, the date must be of filing.) If the date inserted in this block does not ment's effective date on the Departme	specific and cannot be more than five business days prior to or 90 of meet the applicable statutory filing requirements, this date will not
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EV: Effective date, if other than the difective date is listed, the date must be of filing.) If the date inserted in this block does not ment's effective date on the Departme	specific and cannot be more than five business days prior to or 90 of meet the applicable statutory filing requirements, this date will not
EV: Effective date, if other than the defective date is listed, the date must be of filing.) If the date inserted in this block does not ment's effective date on the Department. EVI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a This document is exert am aware that any form.	specific and cannot be more than five business days prior to or 90 of meet the applicable statutory filing requirements, this date will not

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

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