

L18000203268

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TALLAHASSEE, FLORIDA

AUG 27 2018
K. PAGE

August 24, 2018

TO: NEW Filing Section/ Division of Corporations

Fax Number: 850-245-6804

From: Brett Koolik / Brett Koolik Music LLC

Office Number: 561-210-5255

Number of pages including cover: 4

To whom it may concern:

My revised application with the modification of email address on page 1 and 'LLC' added on page 2 under Article 1.

Please call with any questions.

Brett

561-843-0918

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COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: BRETT KOOLIK MUSIC 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:

BRETT KOOLIK
Name of Person
BRETT KOOLIK MUSIC LLC
Firm/Company
3203 HARRINGTON DRIVE
Address
BOCA RATON, FLORIDA 33496
City/State and Zip Code
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ELLIOT KOOLIK at (561) 843-0918
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- ☒ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) ☐ \$160.00 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:

BRETT KOOLIK MUSIC *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:

Principal Office Address:

3203 HARRINGTON DRIVE
BOCA RATON, FLORIDA 33496

Mailing Address:

3203 HARRINGTON DRIVE
BOCA RATAON, FLORIDA 33496

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:

ELLIOT KOOLIK

Name

3203 HARRINGTON DRIVE

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

BOCA RATON, FLORIDA 33496

City

State

Zip

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..

Elliot Koolik

000000000000000000000000
08/13/18 5:02PM EDT
EMUL-RDP-1433A4F1E0

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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TALLAHASSEE, FLORIDA

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:

AMBR

BRETT KOOLIK
3203 HARRINGTON DRIVE
BOCA RATON, FLORIDA 33496

MGRS

ELLIOT AND WENDY KOOLIK
3203 HARRINGTON DRIVE
BOCA RATON, FLORIDA 33496

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:

Brett Koolik

20180824 13:37:22
DEPT:STATE 6:36PM EDT
KWS5-453Q-COZ-ALSH

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.

BRETT KOOLIK

Typed or printed name of signee

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)

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