Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : ZIMMERMAN, KISER, & SUTCLIFFE, P.A.

Account Number : I19990000006

: (407)425-7010

Phone Fax Number

: (407)425-2747

\*\*Enter the email address for this business entity to be used for future

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FLORIDA LIMITED LIABILITY CO.

3Dmusik, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

Electronic Filing Menu Corporate Filing Menu

Help

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DEC 18 2018

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## COVER LETTER

	New Filing Section Division of Carporations	
elib ip <i>e</i> r	3Dmuşik, LLC	
SUBJECT	Name of Limited Liability Company	
The enclos	osed Articles of Organization and fee(s) are submitted for filing.	•
Please retu	turn all correspondence concerning this matter to the following:	
	Christine L. Weingart, Esquire	
	Name of Person	
	Zimmerman Kiser Sutcliffe, P.A.	
	Firm/Company	<u> </u>
	315 E. Robinson Street, Suite 600	
	Address	
	Orlando, Florida 32801	
	City/State and Zip Code corporate@zkslawfirm.com	
-	E-mail address: (to be used for future annual report notification)	
Por further in	information concerning this matter, please call:	
	Christine L. Weingart, Esq 407 425-7010	
	Name of Person Area Code Daytime Telephone Number	<del></del>
Enclosed Is	ls a check for the following amount:	
\$125.00 Fi	Certificate of Status Certified Copy	0 Filing Fee, icate of Status & ed Copy nal copy is enclosed)
	Malling Address New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314  Street Address New Filing Section Division of Corporations Clifton Building Tallahassee, FL 32314  Z661 Executive Center Circle Tallahassee, FL 32301	

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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARIALIZAGE	CHECKETYTICH LON	LITAIGUA INVITE	JUANULI I COMPANY		
ARTICLE I - Name:					
The name of the Limited Liabilit	y Company is:				
3Dmusik, LLC					
(Must cont	sin the words "Limited	Liability Company	, 'L.L,C.," or "LLC.")	<del>_</del>	
ARTICLE II - Address:					
The mailing address and street ac	idress of the principal of	office of the Limited	1 Liability Company is:		
Principa	al Office Address:		Mailing Address:		
315 E. Robinson Stre	et		E. Robinson Street		
Suite 600			te 600		
Orlando, Florida 328	VI		ando, Florida 32801	<del></del>	
ARTICLE III - Registered Age				>	
			You must designate an individual of	× AS	
another business entity with an a	ctive Plonos registratio	т.)		- F. S. S.	
The name and the Florida street s	address of the registered	i agent are:		2018 DEC 17 SECRETARY FALL AHASSE	·
	Christine L. Weinga	rt, Esquire		ASS ASS	
		Name		ως,	, П
	315 E. Robinson Str	eet, Suite 600			ž (
	Florida street addres	3 (P.O. Box <u>NOT</u> 1	acceptable)	7	? ~
	Orlando	Florida	32801	St. F. Com.	၁ သ
	City	State			

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)

(((H18000356779 3)))

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" □ Manager	
MGR	Anthony Pratianne
	315 E. Robinson Street, Suite 600
	Orlando, Florida 32801
	· · · · · · · · · · · · · · · · · · ·
	· · · · · · · · · · · · · · · · · · ·
	·
(Use attachment if necessary)	
•	date of films: (OPTIONAL)
CLE V: Effective date, if other than the	date of filing:
ICLE V: Effective date, if other than the effective date is listed, the date must ate of filling.)	re specific and cannot be more than five business days prior to or 90 days after
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Filing Feet:
\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Store (Optional)

3 5.00 Certificate of Status (Optional)