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2020 JAN 31 PM 4:59

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: FLO RECORDS 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:

KESHAWN REYNOLDS
Name of Person

FLO RECORDS LLC
Firm/Company

3615 HOOD CT
Address

TALLAHASSEE FL 32311
City/State and Zip Code

RECORDS.FLORIDA@Gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

KESHAWN REYNOLDS at 305 927-4733
Name of Person Area Code Daytime Telephone Number
850 405-2549

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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

FLO RECORDS 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:

Mailing Address:

3615 HOOD CT
TAIHAHASSEE, FL
32311

3615 HOOD CT
TAIHAHASSEE
32311

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:

KESHAWN REYNOLDS
Name

1105 OCAIA RD
Florida street address (P.O. Box **NOT** acceptable)

TAIHAHASSEE FL 32304
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.

Keshawn Reynolds
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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TALLAHASSEE, FL

ARTICLE IV-

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

Title:

Name and Address:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

KESHAUN REYNOLDS
1105 OCAIA RD
TALLAHASSEE FL 32304

AMBR

ISNARD WILLAUD
1889 BELLEVUE WAY APT 30
TALLAHASSEE FL 32304

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 11/31/2020 (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:

Keshawn Reynolds

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.

KESHAUN REYNOLDS

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)