L20000102111

(Requestor's Name)
(Address)
· · ·
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
•
(Business Entity Name)
(Busiless Littly Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



600342764066

#4130,00 ••130,00 ••130,00

2020 APR 13 PH 3: 56

COVER LETTER

х

TO: New Filing Section Division of Corporations		
SUBJECT: Chick lowski Name of Limi	Music Ll	
The enclosed Articles of Organization and fee(s) are	submitted for filing.	_
Please return all correspondence concerning this matt	er to the following:	2020
Ernesta Ch	id Clouski Name of Person	7020 APR 13
The Audio.	S Tampa Firm/Company	
4705 5 Rene	Hie Drive Address	
ernestachick	y/State and Zip Code . Confuture annual report notification	COM
For further information concerning this matter, please of	call:	09
Ernesta (Marausi O Name of Person Are	a Code Daytime Telephone	
Enclosed is a check for the following amount:		
□\$125.00 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	Street Address New Filing Section Division of Corporation Clifton Building	
Tallahassee, FL 32314	2661 Executive Cente Tallahassee, FL 3230	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:				
The name of the Limited Liab				
C	nickl	owski	Music	LLC
			ompany, "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:
3811 5 Manhattan Av	4705 S Renelle Dr
Tampa, PL 33611	Tampa, FL 33611

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 Flor	rida street address of the registered.	agent are	olel outer i
	<u> </u>	Name	2 CONTRACTOR
	4705 S.	Rene	ellie Drive
	Florida street address		
	Tampa	FL	33611
	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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Title: "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
	
(Use attachment if necessary)	1 1 2
	date of filing: April 2,2020 (OPTIONAL)
	e specific and cannot be more than five business days prior to or 90 days
ite of filing.) If the date inserted in this block does n	of meet the applicable statutory filing requirements, this date will not be li-
ocument's effective date on the Departm	
CLE VI: Other provisions, if any.	

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 \$,817.155, F.S.

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)

ARTICLE IV-

S 5.00 Certificate of Status (Optional)