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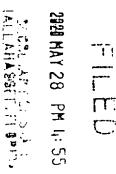
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COVER LETTER

	istration Section sion of Corporations	
SUBJECT:	EQ Recording And Multim	edia, LLC
00 20 20 17	Name of L	imited Liability Company
The enclosed	Articles of Organization and fee(s)	are submitted for filing.
Please return	all correspondence concerning this	natter to the following:
	Joshua Baker, Managing	g Member
_		Name of Person
	EQ Recording And Mu	ltimedia, LLC
_		Firm/Company
	2220 Altamont Ave.	
_		Address
	Fort Myers, FL 3390)1
_	eqrecmedia@gmail.	City/State and Zip Code COM
	E-mail address: (to be use	ed for future annual report notification)
For further inf	ormation concerning this matter, plea	ase call:
	Joshua Baker at (239 217-0470
_	Name of Person	Area Code Daytime Telephone Number
Enclosed is a	check for the following amount:	
] \$125.00 Fili	ng Fee X \$130.00 Filing Fee & Certificate of Status	S155.00 Filing Fee & S160.00 Filing Fee, Certified Copy (additional copy is enclosed) 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, F1. 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name	e of the Limited Liability Company is:	
	EQ Recording And Multimedia, LLC	
	(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")	_
ARTICL	.E II - Address	
The mail	ing address and street address of the principal office of the Limited Liability Company is:	

Principal Office Address:	Mailing Address
2220 Altamont Ave	2220 Altamont Ave
Fort Myers, FL 33901	Fort Myers, FL 33901

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:

ARTICLE I - Name:

Joshua Baker		
	Name	
1101 SE 24th Av	e	
Florida street address	(P.O. Box NOT ac	cceptable)
Cape Coral	Florida	33990
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)

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ARTICLE IV-

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

<u> Title:</u>					
"AMBR" = Authorized Membe "MGR" = Manager					
Manager Manager		Joshua Baker			
<u></u> -		1101 SE 24th Ave			
		Cape Coral, FL 339	990		
					
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