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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : CAPITOL SERVICES, INC.

Account Number : I20160000017 Phone : (855)498-5500 Fax Number : (800)432-3622

Enter the email address for this business entity to be used for future in annual report mailings. Enter only one email address please.

Email Address:

FLORIDA LIMITED LIABILITY CO. **GOLD MUSIC, LLC**

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$155.00

	COVER LETTER		
TO: New Filing Section)	•	į.
Division of Corporations		;	,
GOLD MUSIC, LLC			
SUBJECT: Name o	f Limited Liability Company		_
The enclosed Articles of Organization and fee(s) are submitted for filing.		
Please return all correspondence concerning th	is matter to the following:		
ALFRED P. TIBBETTS			
	Name of Person		
BUTLER TIBBETTS, LLC			
	Firm/Company	 	
43 CORBIN DRIVE			
	Address		
DARIEN, CT 06820			
	City/State and Zip Code		<u> </u>
ATIBBETTS@BUTLERTIBBETT			
E-mail address: (to be	used for future annual report noti	fication)	
For further information concerning this matter, p	lease call:		
ALFRED TIBBETTS	203 656-1066 EXT	C. 126	
Name of Person	Area Code Daytime Tele	phone Number	
Enclosed is a check for the following amount:			
□\$125.00 Filing Fee □\$130.00 Filing Fe	∞ & □\$155.00 Filing Fee &		00 Filing Fee,
Certificate of Statu	s Certified Copy	Certifica	ate of Status &
	(additional copy is enclose		l Copy \(\subseteq \)
		(ชณาเกกมร	דרי
Mailing Address	Street Address		
New Filing Section	New Filing Section	on Division	<u></u>
Division of Corporations	The Centre of Ta		. P:
P.O. Box 6327	2415 N. Monroe		
Tallahassee, FL 32314	Tallahassee, FL	32303	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	E I - Name: e of the Limited Liability	Company is:		
	GOLD MUSIC, LLC			
	(Must contain	n the words "Limited I	Liability Con	pany, "L.L.C.," or "LLC.")
	E II - Address: ing address and street add	iress of the principal of	ffice of the L	imited Liability Company is:
	Principal	Office Address:		Mailing Address:
	488 NE 18TH STREE	Γ, #1912		488 NE 18TH STREET, #1912
	MIAMI, FLORIDA 33	132		MIAMI, FLORIDA 33132
(The Lin	E III - Registered Agen ited Liability Company o business entity with an ac	annot serve as its own	Registered A	d Agent's Signature: agent. You must designate an individual or
The nam	e and the Florida street ad	dress of the registered	agent are:	
		Capitol Corporat	e Services	, Inc.
			Name	
•		515 E Park Ave.	Floor 2	
		Florida street address	s (P.O. Box]	NOT acceptable)
		Tallahassee,	FL	32301
		City	State	7in

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..

Kim Tadlock, Asst. Sec. on behalf of Capitol Corporate Services, Inc.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

2021 FED 18 PIL 6: 03

<pre>Citle: 'AMBR" = Authorized Member 'MGR" = Manager</pre>	Name and Address:
AMBR	LIZZIE THOMAS
TOVIDIC	488 NE 18TH ST #1912
	MIAMI, FLORIDA 33132
	
EV: Effective date, if other than the citive date is listed, the date must b	date of filing: (OPTIONAL) e specific and cannot be more than five business days prior to or 90
ective date is listed, the date must be of filing.)	e specific and cannot be more than five business days prior to or 90 not meet the applicable statutory filing requirements, this date will not
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