Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:	•			苦
	Division of Corporations			
	Fax Number : (850)617-6381			7
From:			,	
	Account Name : EXPRESS CORPORATE FIL	.ING SERVICE INC.	: .	
	Account Number : I20000000146			`
	Phone : (305)444-4994			
65 67 87	Fax Number : (305)444-4977 Enter the email address for this business annual report mailings. Enter only on Email Address:			
12 U. 15 3-	Enter the email address for this business annual report mailings. Enter only on Email Address:	e email address please.		
18 10 10 10 10 10 10 10 10 10 10 10 10 10	Enter the email address for this business annual report mailings. Enter only on Email Address: FLORIDA LIMITED LIMITE	ABILITY CO.		
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Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:						
The name of the Limited Liability	y Company is:					
MR MUSIK MAN LI	LC					
(Must conta	in the words "Limited Liabi	lity Com	pany, "L.L.C.," or "LLC.")			
ARTICLE II - Address:						
The mailing address and street ad	ldress of the principal office	of the Li	mited Liability Company is:			
Princips	al Office Address:		Mailing Address:			
100 KINGS POINT I)R		100 KINGS POINT DR			
APT 1007		-	APT 1007			
SUNNY ISLES BEA	CH, FL 33160	_	SUNNY ISLES BEACH, FL. 33160		L 2	
ARTICLE III - Registered Age (The Limited Liability Company another business entity with an a	cannot serve as its own Reg		Agent's Signature: gent. You must designate an individual or	T*	2021 NUV 10	
The name and the Florida street a	address of the registered age	nt are:			13	<u> </u>
	DANIEL ESTEBAN TAE	BORDA '	VALENCIA	*1	æ	(
	Na	me	,		Y.	•
	100 KINGS POINT DR	~ _		7=	9	
	Florida street address (P.6	Э. Вох <u>N</u>	OT acceptable)			
	SUNNY ISLES BEACH	FL	33160			
	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..

/s/ Danisl Estaban Taborda Valancia
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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na date will ince
ıber.
lorida Statutes.
rtment of State
rtment of State

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)