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Florida Department of State  
Division of Corporations  
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## To:

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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## FLORIDA LIMITED LIABILITY CO.

## LEWIS MUSIC STUDIO, LLC

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$155.00

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**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY****ARTICLE I - Name:**

The name of the Limited Liability Company is:

LEWIS MUSIC STUDIO, 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:400 SE 3<sup>rd</sup> AVENUE UNIT 104  
HALLANDALE BEACH, FL 33009Mailing Address:400 SE 3<sup>rd</sup> AVENUE UNIT 104  
HALLANDALE BEACH, FL 33009**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:

RICARDO GONZALEZ LEWIS

Name

400 SE 3<sup>rd</sup> AVENUE UNIT 104Florida street address (P.O. Box NOT acceptable)HALLANDALE BEACH FL

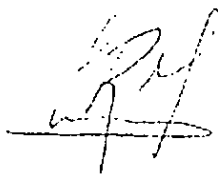
City

State

33009

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 695, F.S*



Registered Agent's Signature (REQUIRED)

(CONTINUED)

**ARTICLE II - Address:**

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

**Title:**

"AMER" = Authorized Member

"MGR" = Manager

**Name and Address:**

MGR

RICARDO GONZALEZ LEWIS

400 SE 3<sup>RD</sup> AVENUE UNIT 104

HALLANDALE BEACH, FL. 33009

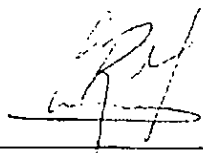
(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: 11/10/2021 (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 the 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:**

**Signature of a member of 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.

RICARDO GONZALEZ LEWIS

Typed or printed name of signee