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(Requestor's Name)
	Address
(Address)
	Address)
`	,
(City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
	Business Entity Name)
(besiness Entity Name)
	Document Number)
Certified Copies	Certificates of Status
Special Instructions to	Filing Officer:
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Office Use Only



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COVER LETTER

TO: New Filing Section Division of Corporations
SUBJECT: THIRD WORLD Records LLC Name of Limited Liability Company
The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Frederic K White Name of Person
Billianaires visionaries Inc
7352 wagen toil Lane
Tallahossee Florida 33510 City/State and Zip Code Slanda the Great Grand Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
S125.00 Filing Fee Scrifficate of Status Certified Copy (additional copy is enclosed) S125.00 Filing Fee Scrifficate 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 The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

AKTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is	×	
Third Darld	Record Label LLC	
(Must contain the words	"Limited Liability Company, "L.L.C.," or "LLC.")	

ARTICLE II - Address:

ARTICLE I - Name:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:	Mailing Address:
952 wagen too'l In tallotas See Fl. 32310	7352 Wagn troil Lanc Takomss Fr 32310

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:

Florida street address (P.O. Box NOT acceptable)

Talbhassee F1 32310
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)

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager Amble	Frederick 5. White
(Use attachment if necessary)	
fective date is listed, the date mu of filing.)	the date of filing:
	00.000

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)

ARTICLE IV-