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(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

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A. RAMSEY NOV 03 2022

### **COVER LETTER**

TO: New Filing Section Division of Corporations
SUBJECT: PARKLAND INTERNATIONAL MUSIC & CADEMY 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:
PARICLIAND INTERNATIONAL MUSIC ACADEMYCLC
7337 NORTH SIZ7
PARIKUAND, FLORIDA 330,73  City/State and Zip Code  INFOOMUSIC PARKLAND. 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  Certificate of Status  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 The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

# $ARTICLES\,OF\,ORGANIZATION\,FOR\,FLORIDA\,LIMITED\,LIABILITY\,COMPANY$

ARTICLE 1 - Name: The name of the Limited Liability Company is:		
PARICUAND INTERNATIONAL MUSIC ACADEMY LLC (Must contain the words "Limited Liability Company, "L.L.C.," or "L.L.C.")		
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:		
Principal Office Address:  7337 NORTH SR 7  PARICLAND, FL 33073  PARKUND, FL 33073		
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 registered agent are:  The name and the Florida street address of the registered agent are:  Name  Name  Political Street address (P.O. Box NOT acceptable)  For 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 & Signature (REQUIRED).		

(CONTINUED)

Title:	Name and Address:
"AMBR" = Authorized Member "MGR" = Manager  MGR TEM	TAVIRIA TEST NORTH SIR T
MGRA	CARINA JAVIRIA  2337 NORTH SIZT  PORKUND FL 33073
1792	ANTONELLA GAVIRIA V337 NOTTH SRD -PARK LAND TE 33073
(Use attachment if necessary)	
If an effective date is listed, the date must be sphe date of filing.)	e of filing:
ARTICLE VI: Other provisions, if any.	
REOUIRED SIGNATURE:	Stap SURINIZO
This document is executed any aware that any fall	nember or/an authorized representative of a member.  uted in accordance with section 605.0203 (1) (b). Florida Statutes, se information submitted in a document to the Department of State ce felony as provided for in s.817.155, F.S.
	Typed or printed name of signee

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

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

ARTICLE IV-

\$ 5.00 Certificate of Status (Optional)