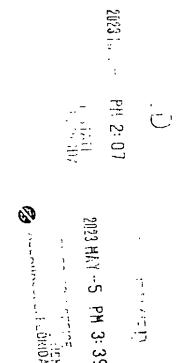
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(Re	equestor's Name)	
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PICK-UP	■ WAIT	MAIL
	oning a Coding No.	
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Certified Copies	_ Certificates	s of Status
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Special Instructions to	Filing Officer:	
		





200407518182





Phone: 850-558-1500 ACCOUNT NO. : I2000000195 REFERENCE: 724071 8339868 COST LIMIT : \$^155.00 ORDER DATE: May 5, 2023 ORDER TIME : 2:35 PM ORDER NO. : 724071-005 CUSTOMER NO: 8339868 DOMESTIC FILING NAME: FEELING GREY LLC EFFECTIVE DATE: ___ ARTICLES OF INCORPORATION ___ CERTIFICATE OF LIMITED PARTNERSHIP XX____ ARTICLES OF ORGANIZATION PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: XX CERTIFIED COPY PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING

EXAMINER'S INITIALS:

CORPORATION SERVICE COMPANY

CONTACT PERSON: Eyliena Baker - EXT.

1201 Hays Street

Tallhassee, FL 32301

COVER LETTER

	Sew Filing Sec Division of Cor					
SUBJEC"	Feeling Gr					
SUBJEC	l:		ne of Lir	mited Liabil	ity Company	
The enclos	sed Articles of	Organization and	fee(s) ar	e submitted	for filing.	
Please retu	ırn all correspo	ndence concernit	ng this ma	atter to the i	following:	
	Carl Austin l	Rosen				
				Name of	Person	
	Electric Feel	Records LLC				
			_	Firm/Co	mpany	
	2045 Biscayı	ne Blvd, STE 225	i			
		-		Addr	ess	
	Miami, FL 3	3137				
	accounting@c	efent.com	C	ity/State an	d Zip Code	
			be used	for future a	nnual report notificati	ion)
For further i	nformation cor	ncerning this matt	er, please	e call:		
	Shane Sato			14	398-5656	
	Name	e of Person		rea Code	Daytime Telephon	e Number
Enclosed i	s a check for th	ne following amou	ınt:			
□\$125.00) Filing Fee	□\$130.00 Filir Certificate of S		Certifi	5.00 Filing Fee & ed Copy al copy is enclosed)	☐\$160.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing	g Address			Street Address	
		ling Section			New Filing Section Di	
	Divicio	n of Corporations			The Centre of Tallaha	iccae

New Filing Section
Division of Corporations
P.O. Box 6327

Tallahassee, FL 32314

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

A	R	П	CJ	LŁ.	I -	Na	me	٠

The name of the Limited Liability Company is:

Feeling Grey LLC

(Must conatin 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:

Mailing Address:

6401 Pine Tree Dr Circle	6401 Pine Tree Dr Circle	
Miami Beach, FL 33141	Miami Beach, FL 33141	

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:

Corporation Service Company		
	Name	
1201 Hays Street		
Florida street addre	ss (P.O. Box <u>NOT</u> ac	cceptable)
Tallahassee	FL	32301
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..

Corporation Service Company

Registered Agent's Signature (REQUIRED)

(CONTINUED)

∵- P# 2: 0

ARTICLE IV-

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

Title: "AMBR" = Authorized Memb	Name and Address:
"MGR" = Manager	
MGR	Electric Feel Records LLC 2045 Biscavne Blvd Suite 225
	Miami, FL 33137
MGR	Grev Area LLC
	30 Music Square W Suite 206 Nashville, TN 37203
(Use attachment if necessary)	
(Ose attachment in necessary)	
(If an effective date is listed, the date n the date of filing.)	an the date of filing:
the document's effective date on the Do	does not meet the applicable statutory filing requirements, this date will not be listed as epartment of State's records.
ARTICLE VI: Other provisions, if any.	
REQUIRED SIGNATURE:	
Ç	ord Austin Rosen
This documen 1 am aware tha	re of a member or an authorized representative of a member. It is executed in accordance with section 605.0203 (1) (b), Florida Statutes, at any false information submitted in a document to the Department of State nird degree felony as provided for in s.817.155, F.S.
<u>Carl A</u>	ustin Rosen
	Typed or printed name of signee

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)