## L23000 246538

(Req	uestor's Name)	
(Add	ress)	
(Add	ress)	
(City	/State/Zip/Phone	· #)
PICK-UP	WAIT	MAIL
(Bus	iness Entity Nam	ne)
	_	
(Doc	ument Number)	
Certified Copies	Certificates	of Status
Special Instructions to F	iling Officer:	

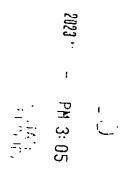
Office Use Only



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April 14, 2023

MIGUEL ANGEL SOTO 406 E VINE ST STE B KISSIMMEE, FL 34744 US

SUBJECT: CRANEO MUSIC RECORDS LLC

Ref. Number: W23000053543

We have received your document for and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Florida law requires the principal office address to be a street address.

If you have any further questions concerning your document, please call (850) 245-6052.

Letter Number: 323A00008417

KAIN COSTELLO Regulatory Specialist II New Filing Section

2023 H.F.Y. - I. PH 3: 05

## COVER LETTER

TO: New Filing Section Division of Corporations	
SUBJECT: Ceaneo Music Recon	os uc
Name of Limited Liab	ility Company
The enclosed Articles of Organization and fee(s) are submitte	d for tiling.
Please return all correspondence concerning this matter to the	following:
Miquel Angel So to	of Person
Craneo Music Pecare	Is uc Sompany
406 East Vine Stre	eer STEB
- 1051MMC- 1D	nd Zip Code
E-mail address: (to be used for future	annual report notification)
For further information concerning this matter, please call:	,
Miguel Sugel Str. 787 Name of Person Area Code	Daytime Telephone Number
Enclosed is a check for the following amount:	
Certificate of Status Certi	55.00 Filing Fee & □\$160.00 Filing Fee, Gertificate 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

W2300003543

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:
The name of the Limited Liability Company is:
Cranso Music Cecords Lic
(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: Mailing Address:
406 East Vine St. STEB 406 East Vine Street STEB
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
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:  Legal Action Bureau Tuc Her Baggio  Name
200 East Monument Ave
Florida street address (P.O. Box <u>NOT</u> acceptable)
KISSIMME FC 54141
City State Zip
laving been named as registered agent and to accept service of process for the above stated limited liability company at the slace designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I wither 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)
COOLINA MICHAEL CONTRACTOR OF THE CONTRACTOR OF

(CONTINUED)

023 Naj -4 PN 3: 05

<u>Title:</u> "AMBR" = Authorized Member "MGR" = Manager	Name and Address:	
MGR Miquel Angel Soto	406 East Vine St Ste B Kissimme FL, 34744	•
787-405-8858	KISSIMME TC, 39744	
(Use attachment if necessary)  EV: Effective date, if other than the date of the date in the date is seen.	of filing: (OPTIONAL	.) o or 90 d:
E V: Effective date, if other than the date of certive date is listed, the date must be spenfilling.)	cific and cannot be more than five business days prior to ect the applicable statutory filing requirements, this date v	o or 90 di
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E V: Effective date, if other than the date dective date is listed, the date must be spend filing.) The date inserted in this block does not mement's effective date on the Department of E VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a memory of the document is executed a management of the date	ect the applicable statutory filing requirements, this date vor State's records.	will not be
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E V: Effective date, if other than the date of ective date is listed, the date must be spend filing.) The date inserted in this block does not moment's effective date on the Department of E VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a men This document is execute I am aware that any false constitutes a third degree Magnetic Magnet	mber or an authorized representative of a member. ed in accordance with section 605.0203 (1) (b), Florida Stainformation submitted in a document to the Department of felony as provided for in \$817.155, F.S.  Typed or printed name of signee  Filing Fees: ganization and Designation of Registered Agent	will not be

W2300005 3543