## Fax: 12159779386

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : M. BURR KEIM COMPANY

Account Number : I19990000242 : (215)563-8113 Fax Number : (215)977-9386

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:\_\_

## FLORIDA LIMITED LIABILITY CO.

Key West Music Magazine L.L.C.

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00



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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability	y Company is:		
Key West Music Mag	azine L.L.C.		•
(Must conta	in the words "Limited	Liability Comp	any, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street ad	idress of the principal of	office of the Lim	nited Liability Company is:
Principa	l Office Address:		Mailing Address:
1213 14th Avenue, Lo	ot 9		1213 14th Avenue, Lot 9
Key West, FL 33040			Key West, FL 33040
another business entity with an ac	cannot serve as its own ctive Florida registration	n Registered Ago on.)	Agent's Signature: ent. You must designate an individual or
The name and the Florida street a	ddress of the registered	dagent are:	
	Raymond Blvdenbur	gh	
		Name	·
	1213 14th Avenue, L	ot 9	
	Florida street addres	s (P.O. Box <u>NO</u>	T acceptable)
	Kev West	FL	33040
	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)

Page: 3 of 3

(((H240000078883)))

To:

<u>Title:</u> "AMBR" = Authorized Memb	Name and Address:
"MGR" = Manager	iei
AMBR	Raymond Blydenburgh 1213 14th Avenue, Lot 9 Key West, FL 33040
(Use attachment if necessary)	
CLE V: Effective date, if other the effective date is listed, the date is e of filing.)  If the date inserted in this block cument's effective date on the December 1.	does not meet the applicable statutory filing requirements, this date will not be lis
CLE V: Effective date, if other the effective date is listed, the date is e of filing.)  If the date inserted in this block	does not meet the applicable statutory filing requirements, this date will not be lis-
CLE V: Effective date, if other the effective date is listed, the date is e of filing.)  If the date inserted in this block cument's effective date on the Defeater.	does not meet the applicable statutory filing requirements, this date will not be histepartment of State's records.
CLE V: Effective date, if other the effective date is listed, the date is e of filing.)  If the date inserted in this block cument's effective date on the December of the provisions, if any.  REQUIRED SIGNATURE:  Signate This docume I am aware the	does not meet the applicable statutory filing requirements, this date will not be list

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

\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)