

L25000036406

1/29/2013 1:41 PM

Division of Corporations

Florida Department of State

Division of Corporations
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(((H25000035121 3)))



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To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : HARROD PROPERTIES INC.
Account Number : 120200000020
Phone : (813)229-1500
Fax Number : (813)221-1570

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

Email Address: jmkelley1.jk@gmail.com**FLORIDA LIMITED LIABILITY CO.****L Tower Music Group LLC**

Certificate of Status	0
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1/29/2025

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - NAME

L Tower Music Group LLC

(Must contain the words "Limited Liability Company," "L.L.C.," or "LLC.")

ARTICLE II - ADDRESS

PRINCIPAL OFFICE ADDRESS:L Tower Music Group LLC15839 Bera DrOdessa, FL 33556MAILING ADDRESS:L Tower Music Group LLC15839 Bera DrOdessa, FL 33556

ARTICLE III - REGISTERED AGENT, REGISTERED OFFICE, & REGISTERED AGENT'S SIGNATURE:

(THE LIMITED LIABILITY COMPANY CANNOT SERVE AS ITS OWN REGISTERED AGENT.)

THE NAME AND THE FLORIDA STREET ADDRESS OF THE REGISTERED AGENT ARE:

Joseph M. Kelley15839 Bera DrOdessa, FL 33556

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)

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1/29/2025

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE IV - NAME AND ADDRESS OF THOSE AUTHORIZED TO MANAGE AND CONTROL THE LLC.

TITLE:

NAME AND ADDRESS:

"MGR"=MANAGER

"AR" = AUTHORIZED REPRESENTATIVE

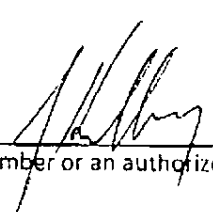
MGR

Joseph M. Kelley
15839 Bera Dr
Odessa, FL 33556

ARTICLE V - EFFECTIVE DATE, IF OTHER THAN THE DATE OF THIS FILING:

(OPTIONAL)

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member

This document is executed in accordance with section 605.0203 91) (b), Florida Statutes.
I am aware that any false information submitted in a document to the Department of State
constitutes a third degree felony as provided for in s.817.155, F.S.

Joseph M. Kelley

TYPE OR PRINTED NAME OF SIGNED

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