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Florida Department of State
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To: Division of Corporations
Fax Number : (850)617-6381

From: Account Name : SOLOMON & FURSHMAN, LLP
Account Number : I20050000182
Phone : (305)861-8034
Fax Number : (305)861-8012

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

Email Address: Ben@sfllp.com

FLORIDA LIMITED LIABILITY CO.
SOBE KARATE, LLC

Certificate of Status	1
Certified Copy	1
Page Count	03
Estimated Charge	\$160.00

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COMMERCIAL SERVICES

COVER LETTER

**TO: New Filing Section
Division of Corporations**

SUBJECT: SOBE KARATE, 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:

Ben Solomon, Esq.

Name of Person

Solomon, Cooperman & Recondo, LLP

Firm/Company

1101 Brickell Avenue, Suite N1101

Address

Miami, Florida 33131

City/State and Zip Code

Ben@sllp.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ben Solomon, Esq. 305 861-4035

Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- \$125.00 Filing Fee
- \$130.00 Filing Fee & Certificate of Status
- \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)
- \$160.00 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

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 FILE
 TALLAHASSEE, FL

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

SOBE KARATE, LLC

(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:

7601 E. Treasure Drive
Apt. 1416
North Bay Village, Florida 33141

7601 E. Treasure Drive
Apt. 1416
North Bay Village, Florida 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.)

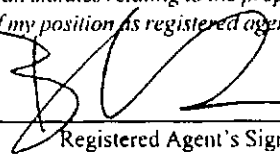
The name and the Florida street address of the registered agent are:

Association Law Group, P.L.
Name

1101 Brickell Avenue, Suite N1101
Florida street address (P.O. Box **NOT** acceptable)

Miami Florida 33131
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)

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ARTICLE IV-

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

<u>Title:</u>	<u>Name and Address:</u>
"AMBR" = Authorized Member	
"MGR" = Manager	
MGR _____	Glenn Mehlman 7601 E. Treasure Drive, Apt. 1416 North Bay Village, Florida 33141
_____	_____
_____	_____
_____	_____

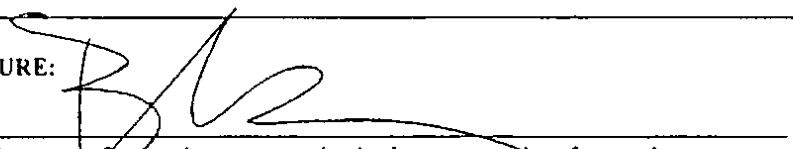
(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.
This document is executed in accordance with section 605.0203 (1) (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.

Ben Solomon
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)

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