

AIA Florida Corp Services

Requester's Name

Address

921-4840

City/State/Zip

Phone #

L010000010816

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. Soda Nails Supply, LLC

(Corporation Name)

(Document #)

2.

(Corporation Name)

(Document #)

3.

(Corporation Name)

(Document #)

4.

(Corporation Name)

(Document #)

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Walk in

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Pick up time

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Certified Copy

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Mail out

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Will wait

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Photocopy

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Certificate of Status

NEW FILINGS

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Profit

☐

Not for Profit

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Limited Liability

☐

Domestication

☐

Other

AMENDMENTS

☐

Amendment

☐

Resignation of R.A., Officer/Director

☐

Change of Registered Agent

☐

Dissolution/Withdrawal

☐

Merger

OTHER FILINGS

☐

Annual Report

☐

Fictitious Name

REGISTRATION/QUALIFICATION

☐

Foreign

☐

Limited Partnership

☐

Reinstatement

☐

Trademark

☐

Other

01 JUL -5 PM 2:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

RECEIVED
01 JUL -5 PM 1:32
DIVISION OF CORPORATION

Examiner's Initials

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I – Name:

The name of the Limited Liability Company is:
Soda Nails Supply, LLC

ARTICLE II – Address:

The mailing address and street address of the principal office of the Limited Liability Company is.
19101 Mystic Pointe Drive PH2
Aventura, FL 33180

ARTICLE III – Registered Agent, Registered Office, & Registered Agent's Signature:

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

Larry Sisson

Name

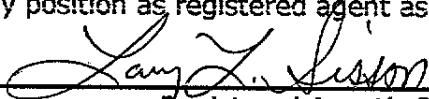
218 Southern Country Lane

Florida street address (P.O. Box **NOT** acceptable)

Quincy, FL 32351

City, State, and 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 608, F.S..



Registered Agent's Signature

Article IV – Management (Check box if applicable)

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The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager – managed company.

Article V – Members & Managers

Member #1 Neal Wallach
19101 Mystic Pointe Drive Unit PH2
Aventura, FL 33180

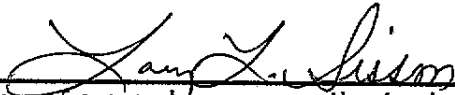
Member #2 Tam Tran
19101 Mystic Pointe Drive Unit PH2
Aventura, FL 33180

President: Neal Wallach
19101 Mystic Pointe Drive Unit PH2
Aventura, FL 33180

Secretary & Treasurer: Tam Tran
19101 Mystic Pointe Drive Unit PH2
Aventura, FL 33180

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Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Larry Sisson

Typed or printed name of signee

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AND
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