

L1000018414

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H10000245919 3)))



H100002459193ABC+

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : EMPIRE CORPORATE KIT COMPANY
Account Number : 072450003255
Phone : (305) 634-3694
Fax Number : (305) 633-9696

FILED
10 NOV 12 PM 1:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

****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.
SONRIE, LLC**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

D. BRUCE

NOV 15 2010

EXAMINER

RECEIVED
10 NOV 12 AM 8:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

3

H10000245919

ARTICLES OF ORGANIZATION FOR SONRIE, LLC

ARTICLE I - Name:

The name of the Limited Liability Company is: Sonrie, LLC

ARTICLE II - Address:

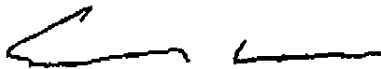
The mailing address and street address of the principal office of the Limited Liability Company is: c/o Samuel Spencer Blum, Esquire, 2666 Tigertail Avenue, Suite 106, Coconut Grove, Florida 33133

ARTICLE III -

Registered Agent, Registered Office, & Registered Agent's Signature:

The name and the Florida street address of the registered agent are: Samuel Spencer Blum, Esquire, 2666 Tigertail Avenue, Suite 106, Coconut Grove, Florida 33133.

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, Florida Statutes.



Registered Agent's Signature

Article IV - Manager(s) or Managing Member(s)

The name and address of each Manager or Managing Member is as follows:

Title:

Name and Address:

Managing Member

Joanne H. Castro
c/o Tom C. Klein, CPA

Samuel Spencer Blum

ATTORNEY AT LAW

2666 TIGERTAIL AVENUE, SUITE 106 COCONUT GROVE, FLORIDA 33133 TELEPHONE: (305) 854-1885 TELEFAX: (305) 854-3314
E-MAIL: sam@samblum.com

10 NOV 12 PM 1:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

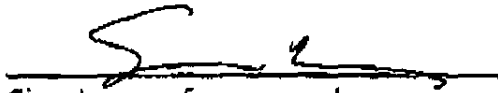
FILED

H10000245919

H10000245919

Page 2 of 2

450 Seventh Avenue
Suite 1109
New York, New York 10123


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.)

Samuel S. Blum
Typed or printed name of signer

FILING FEES:
\$ 100.00 Filing Fee for Articles of Organization
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (OPTIONAL)
\$ 5.00 Certificate of Status (OPTIONAL)

SSB/nbf
2/1/2008 10:00:00 AM 11/11/2011 Articles.doc

FILED
10 NOV 12 PM 11:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

H10000245919 Samuel Spencer Blum

ATTORNEY AT LAW

2666 TIGER TAIL AVENUE, SUITE 106 COCONUT GROVE, FLORIDA 33133 TELEPHONE: (305) 854-1885 TELEFAX: (305) 854-3314
E-MAIL: sam@sambium.com