

LD1000020435

OFFICE USE ONLY (Document #)

EXPRESS CORPORATE FILING SERVICE INC.
(Requestor's Name)

1000 PONCE DE LEON BLVD. STE: 101
(Address)

CORAL GABLES, FL 33134 305-444-4994
(City, State, Zip) (Phone #)

OFFICE USE ONLY

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

1. Sotto Fashion Design L.L.C.
(Corporation Name) (Document #)

2. _____
(Corporation Name) (Document #)

3. _____ 200004696652--7
(Corporation Name) (Document #) -11/28/01--01025--025
***155.00 ***155.00

4. _____
(Corporation Name) (Document #)

- ☐ Walk in ☒ Pick up time _____ ☒ Certified Copy
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input checked="" type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

01 NOV 28 PM 12:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

RECEIVED
01 NOV 28 AM 11:20
DEPARTMENT OF STATE
DIVISION OF CORPORATE REGISTRATION
TALLAHASSEE, FLORIDA

**ARTICLES OF ORGANIZATION
OF**

SOTTO FASHION DESING L.L.C.

ARTICLE I. NAME:

The name of the Limited Liability Company is SOTTO FASHION DESING L.L.C.

ARTICLE II. ADDRESS:

The mailing address and street address of the principal office of the Limited Liability Company is 427 WEST 45 STREET

MIAMI BEACH FL 33139

ARTICLE III: REGISTERED OFFICE AND REGISTERED AGENT:

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

CLAUDIA P. SOTO

424 WEST 45 STREET

MIAMI BEACH FL 33139

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 statues relating to the property 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.

**ARTICLE IV: MANAGEMENT OF THE CORPORATION BY BOARD OF
MANAGERS.**

CLAUDIA P. SOTO 100 %

424 WEST 45 STREET

MIAMI BEACH FL 33139

MELISSA M. BETANCOURT

8260 SW 149 CT. APT # 208

MIAMI FL 33183

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

Klaudia P Soto
Registered Agent

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 NOV 28 PM 12:54

APPROVED
AND
FILED

IN WITNESS WHEREOF, the undersigned has executed these Articles of Organization at Miami, Dade-County, Florida, for the uses and purposes aforesaid, this day of

Klaudia P Soto
MANAGER