

LO2000028112

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

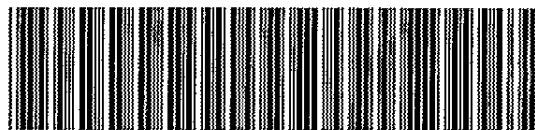
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Certified Copies _____

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Office Use Only



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FILED

02 OCT 22 PM 12:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

FILED

02 OCT 22 PM 12: 21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

SUBJECT:

SOPHI OH!, LLC

(Proposed limited liability company name - must include suffix)

Enclosed is an original and one (1) copy.

Filing fee for articles of organization of Florida Limited Liability Company:

\$100.00 Filing fee for Articles of Organization
\$ 25.00 Designation of Registered Agent

A letter of acknowledgement will be issued free of charge upon filing. Please submit an additional \$5 if a certificate of status is needed. The fee for a certified copy is \$30.
Please send one check for the total amount made payable to the Florida Department of State.

FROM:

Sophia Albello

Name (Printed or typed)

151 Cypress Way E. STE. B-108

Address

Naples, FL 34110

City, State & Zip

(239) 597-1118

Daytime Telephone number

SOPHIA ALBELO
151 CYPRESS WAY EAST SUITE B-108
NAPLES, FLORIDA 34110
239-597-1118

FILED
02 OCT 22 PM 12:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
10/17/22

Dear Mme./Sir:
Florida Dept of State

ENClosed please find My Signed Letter of transmittal
and Articles of organization. I thank you in advance
for your Consideration. I have also included my check for 130
to include a certificate of status.

Sincerely,

Sophia Albelo - OWNER

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

SOPHI OH!, L LC.

82 OCT 22 PM 12: 21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

151 Cypress Way E. STE. B-108 Naples, FL 34110.

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

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

Sophia Albelo

Name

151 CYPRESS Way E. B-108

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

Naples

FL

34110

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.

Sophia Albelo

Registered Agent's Signature

Article IV - Management (Check box if applicable.)

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

(An additional article must be added if an effective date is requested)

Sophia Albelo

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.)

Sophia Albelo

Typed or printed name of signee

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)