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(Re	questor's Name)
(Ad	dress)	
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(Cit	y/State/Zip/Phor	ne #)
PICK-UP	MAIT	☐ MAIL
(Bu	siness Entity Na	ime)
(Do	cument Number	r)
Certified Copies	_ Certificate	es of Status
Special Instructions to	Filing Officer:	
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TRANSMITTAL LETTER

TO: Registration Section Division of Corporations		
SUBJECT: South How Propaties Ltd Co. (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:		
JAIME TALMAN (Name of Person)		
(Name of Person)		
South How Properties /td (o (Firm/Company)		
700 NE 63rd St.		
(Address)		
Mian: Al 33139. (City/State and Zip Code)		
(City/State and Zip Code)		
For further information concerning this matter, please call:		
JAINE TALIMAN at 305, 300-6599		
(Name of Person) (Area Code & Daytime Telephone Number)		

STREET ADDRESS:

Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	South Moon Properties Ltd. Co
ARTICLE II - Address: The mailing address and street address of the prin	acipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
700 NE 63 rd St.	700 NE 63rd St
MiaMi, 41. 33138.	PHIO Bldg D.
0 49	MiALI 41 33138.
ARTICLE III - Registered Agent, Registered of The name and the Florida street address of the registered of the registere	gistered agent are: APRILISON: Box NOT acceptable) FLORIDA 33 38.

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

Page 1 of 2 (CONTINUED)

"MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGR	JAIME TALLMAN. 700 NE 6300 St. PH 10 MIAMI, A1 33138
(Use attachment if necessary)	
NOTE: An additional article must	be added if an effective date is requested.
NOTE: An additional article must	t be added if an effective date is requested.
REQUIRED SIGNATURE:	the added if an effective date is requested. An authorized representative of a member.

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)