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Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850) 205-0383

From:
Account Name : HUBCO
Account Number : 104662003400
Phone : (516) 935-3940
Fax Number : (516) 935-3088

WJH

RECEIVED
04 DEC -1 PM 3:01
DIVISION OF CORPORATION

LIMITED LIABILITY COMPANY

Sofie of Dade City Properties LLC

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$130.00

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

04 DEC -1 PM 4:17

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ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name

The name of the Limited Liability Company is: **Sofie of Dade City Properties LLC**

ARTICLE II - Address

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

Principal Office Address:Mailing Address:

14113 US Highway 98 Bypass

14113 US Highway 98 Bypass

Dade City, FL 33525

Dade City, FL 33525

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

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

Abdel Ibrahim

Name

14113 US Highway 98 Bypass

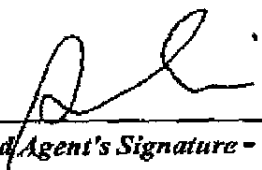
(P.O. Box or Mail Drop Box NOT Acceptable)

Dade City, FL 33525

(City / State / Zip)

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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 - Abdel Ibrahim

ARTICLE IV - Manager(s) or Managing Member(s):

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

Title:

"MGR" = Manager

"MGRM" = Managing Member

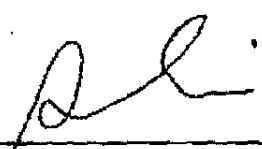
Name and Address:

MGRM

Abdel Ibrahim- 14113 US Highway 98 Bypass, Dade City, FL 33525

(Use attachment if necessary)

REQUIRED SIGNATURE:



Signature of a member or 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.)

Abdel Ibrahim

Typed or printed name of signer