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(Re	equestor's Name)	
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(Ci	ty/State/Zip/Phone	
PICK-UP	☐ WAIT	MAIL
(Bı	usiness Entity Nan	ne)
(Dc	ocument Number)	
Certified Copies	_ Certificates	of Status
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TRANSMITTAL LETTER

STREET ADDRESS: MAILING ADDRESS:
□ \$125.00 Filing Fee Certificate of Status □ \$130.00 Filing Fee Certified Copy (additional copy is enclosed) □ \$155.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed)
Enclosed is a check for the following amount:
Ronald D Housewight at (407) 281-0085 (Name of Person) (Area Code & Daytime Telephone Number)
For further information concerning this matter, please call:
Orlando, Fl. 32828 (City/State and Zip Code) (City/State and Zip Code)
14132 Tanja King Blud The OV 20
(Firm/Company)
(Name of Person)
Ronald D. Housewright (Name of Person)
Please return all correspondence concerning this matter to the following:
The enclosed Articles of Organization and fee(s) are submitted for filing.
SUBJECT: SOHO Solutions of Orlando, LLC (Name of Limited Liability Company)
TO: Registration Section Division of Corporations

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

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:			
SOHO Salutions of Orlando, 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:			
14132 Tanja King Blvd 14132 Tanja King Blvd Orlando, FL, 32828 Orlando, FL, 32828			
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:			
The name and the Florida street address of the registered agent are:			
Ronald D. Housewight			
Florida street address (P.O. Box NOT acceptable)			
Orlando FL 32828 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			
Registered Agent's Signature Resistered Agent's Signature Resistered Agent's Signature	AND SECTION SE		
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Page 1 of 2			

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

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

<u>Title:</u>	Name and Address:
"MGR" = Manager "MGRM" = Managing Member	
MGR	Rosald D. Housewright 14132 Tanja King Blue Orlundo, FL 32828
MGRM	Jennifer L. Ingram, 14132 Tanja King Blud Orlando, FL 32878
(Use attachment if necessary)	
NOTE: An additional article must b	oe added if an effective date is requested.
REQUIRED SIGNATURE:	

(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.)

Typed or printed name of signee

Signature of a member or an authorized representative of a member.

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

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