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(Requestor's Name)

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(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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(Business Entity Name)

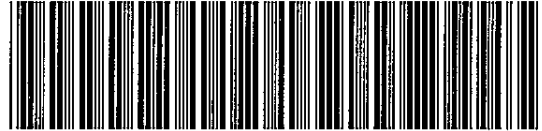
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TALLAHASSEE, FLORIDA

## CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301  
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

*S.O.S. Venture, LLC*

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- ☐ Art of Inc. File \_\_\_\_\_
- ☐ LTD Partnership File \_\_\_\_\_
- ☐ Foreign Corp. File \_\_\_\_\_
- ☒ L.C. File \_\_\_\_\_
- ☐ Fictitious Name File \_\_\_\_\_
- ☐ Trade/Service Mark \_\_\_\_\_
- ☐ Merger File \_\_\_\_\_
- ☐ Art. of Amend. File \_\_\_\_\_
- ☐ RA Resignation \_\_\_\_\_
- ☐ Dissolution / Withdrawal \_\_\_\_\_
- ☐ Annual Report / Reinstatement \_\_\_\_\_
- ☒ Cert. Copy \_\_\_\_\_
- ☐ Photo Copy \_\_\_\_\_
- ☐ Certificate of Good Standing \_\_\_\_\_
- ☐ Certificate of Status \_\_\_\_\_
- ☐ Certificate of Fictitious Name \_\_\_\_\_
- ☐ Corp Record Search \_\_\_\_\_
- ☐ Officer Search \_\_\_\_\_
- ☐ Fictitious Search \_\_\_\_\_
- ☐ Fictitious Owner Search \_\_\_\_\_
- ☐ Vehicle Search \_\_\_\_\_
- ☐ Driving Record \_\_\_\_\_
- ☐ UCC 1 or 3 File \_\_\_\_\_
- ☐ UCC 11 Search \_\_\_\_\_
- ☐ UCC 11 Retrieval \_\_\_\_\_
- ☐ Courier \_\_\_\_\_

Signature \_\_\_\_\_

Requested by: \_\_\_\_\_

Name \_\_\_\_\_

Date \_\_\_\_\_

Time \_\_\_\_\_

Walk-In \_\_\_\_\_

Will Pick Up \_\_\_\_\_

**ARTICLES OF ORGANIZATION  
OF**

**S.O.S. Venture, LLC**

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TALLAHASSEE, FLORIDA

The undersigned member(s) hereby form(s) a limited liability company under the laws of the

State of Florida:

**ARTICLE I**

**COMPANY NAME**

The name of this company is:

**S.O.S. Venture, LLC**

**ARTICLE II**

**COMMENCEMENT AND TERM OF EXISTENCE**

The term of existence of the Company shall commence on the date the Articles of Organization is filed with the Florida Secretary of State, and shall continue perpetually unless dissolved as set forth hereafter.

**ARTICLE III**

**MAILING ADDRESS AND STREET ADDRESS OF THE COMPANY**

The mailing address and the street address of the principal office of the limited liability company is 6345 NW 23<sup>rd</sup> Court, Boca Raton, Florida 33496.

#### ARTICLE IV

##### REGISTERED AGENT AND REGISTERED AGENT'S ADDRESS

The Registered Agent and the street address of the Registered Agent of this Company in the State of Florida shall be:

Garry M. Glickman  
1601 Forum Place, Suite 110  
West Palm Beach, Florida 33401

#### ARTICLE V

There are three (3) members upon the initial formation of this Company. They are:

Barry Schnittman  
6345 NW 23<sup>rd</sup> Court  
Boca Raton, Florida 33496

Amcap Ventures, Inc.  
500 Lake Avenue, Suite 101  
Lake Worth, Florida 33460

Abraham J. Omer  
500 Lake Avenue, Suite 101  
Lake Worth, Florida 33460

The members shall be entitled to admit additional members upon the unanimous consent of all then current members, or decrease the number of members upon the consent of then current members. Any new members shall become a member upon payment of his/her contribution to the capital of the Company and upon such member's agreement to comply with the Articles of Organization, Regulations and Operating Agreement of the Company then in existence.

#### ARTICLE VI

##### DISSOLUTION

The death, retirement, resignation, expulsion, bankruptcy or dissolution of a member shall not dissolve the Company as long as there remains in existence one (1) member. The Company shall

dissolve only as provided in the Operating Agreement of the Company.

#### ARTICLE VII

##### MANAGEMENT OF THE COMPANY

The Managing Member, Barry Schnittman shall be responsible for the management of the Company, and shall have the full right, power and authority to manage, direct and control all of the business and affairs of the company and to transact business on its behalf. Notwithstanding the foregoing, the Managing Member shall have the absolute authority to subcontract any management functions of the Company in their sole and absolute discretion.

#### ARTICLE VIII

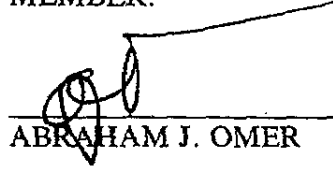
##### RIGHTS, LIABILITIES AND OBLIGATIONS OF MEMBERS

7.1 Liability of Members: No Member shall be personally liable for the expenses, liabilities, debts or obligations of the Company, unless otherwise provided pursuant to Florida Statute §608.

7.2 Return of Capital: No Member shall have the right to demand the return of his/her/its contribution to capital except as provided in the Company's Regulations and Operating Agreement then in existence.

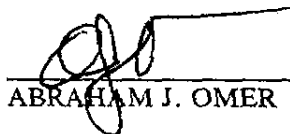
IN WITNESS WHEREOF, the undersigned Member has executed the Articles of Organization, this 10 day of December, 2004.

MEMBER:

  
ABRAHAM J. OMER

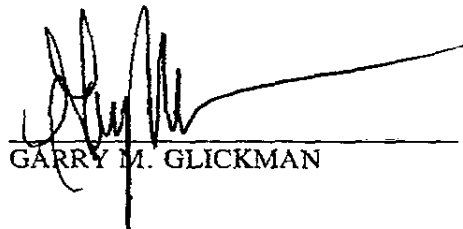
**CERTIFICATE DESIGNATING PLACE OF BUSINESS FOR SERVICE OF PROCESS  
WITHIN THIS STATE. NAMING AGENT UPON WHOM PROCESS MAY BE SERVED**

S.O.S. Venture, LLC, desiring to organize as a Limited Liability Company under the laws of the State of Florida with its principal office as indicated in the Articles of Organization has named Garry M. Glickman having an address at 1601 Forum Place, Suite 1101, West Palm Beach, Florida 33401, City of West Palm Beach, County of Palm Beach, State of Florida as its agent to accept Service of Process within this State.

  
ABRAHAM J. OMER

**ACKNOWLEDGMENT**

Having been named to accept Service of Process for the above named Limited Liability Company, at the place designated in this Certificate, I hereby agree to act in this capacity, accept the appointment, and agree to comply with the provisions of the Florida Statutes relative to keeping open said office.

  
GARRY M. GLICKMAN

SWORN TO AND SUBSCRIBED before me this 10 day of December, 2004.



Suzette L. Noway  
My Commission D0360632  
Expires October 06, 2008

  
NOTARY PUBLIC - STATE OF FLORIDA

Name: Suzette Noway  
(Type, stamp or print)

Personally known ☒ or produced identification ☐. If produced identification, type or identification produced: \_\_\_\_\_

STATE OF FLORIDA                    ]  
                                                  ] ss:  
COUNTY OF PALM BEACH            ]

The foregoing instrument was acknowledged before me this 10 of December, 2004, by ABRAHAM J. OMER, as Member of the afore-described Articles of Organization, who is personally known to me and did not take an oath.

NOTARY PUBLIC:

SIGN Suzette L. Novay  
PRINT Suzette L. Novay

STATE OF FLORIDA AT LARGE (SEAL)  
MY COMMISSION EXPIRES:



Suzette L. Novay  
My Commission DD360632  
Expires October 06, 2008