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CONTROL OF STATE

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## TRANSMITTAL LETTER

TO:

Registration Section

SOHN REALT	Y GROUP, LLC	
Organization and fee(s) are su	bmitted for filing.	
ondence concerning this matter	to the following:	
	<u> </u>	
(N	Iame of Person)	
(F	Firm/Company)	
40077.6	Couth Claveland Ave	
12077	(Address)	
	<u> </u>	
(3.3.1	out and any code,	
oncerning this matter, please of	call:	
of Person)	(Area Code & Daytime Te	elephone Number)
the following amount:		
☐ \$130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	Sectificate of Status & Certified Copy (additional copy is enclosed)
ation Section on of Corporations	MAILING A Registration S Division of Co P.O. Box 632	DDRESS: PHASSE 22
	Organization and fee(s) are substituted in the following amount:  Organization and fee(s) are substituted in the following amount:  Organization and fee(s) are substituted in the following amount:  Organization and fee(s) are substituted in the following amount:	Fort Myers, FL 33907  (City/State and Zip Code)  oncerning this matter, please call:  T. SOHN  at ( 239

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:			
SOHN REALTY GROUP, LLC			
ARTICLE II - Address: The mailing address and street address of the pri	incipal office of the Limited Liability Company is:		
Principal Office Address:	Mailing Address:		
12377 South Cleveland Ave. Fort Myers, FL 33907	12377 South Cleveland Ave. Fort Myers, FL 33907		
ARTICLE III - Registered Agent, Registered	Office, & Registered Agent's Signature:		
The name and the Florida street address of the re	egistered agent are:		
FLOYD	T. SOHN		
Name			
33 E. Cam	ino Real #806		
Florida street add	ress (P.O. Box NOT acceptable)		
Boca Raton,	FL 33432-6155		
City, State, a	nd Zip		
liability company at the place designated in the registered agent and agree to act in this capacity statutes relating to the proper and complete per	accept service of process for the above stated limited his certificate, I hereby accept the appointment as v. I further agree to comply with the provisions of all rformance of my duties, and I am familiar with and stered agent as provided for in Chapter 608, F.S		
Registered Agont's	Signature Signature UED)		

## 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		
MGRM	FLOYD T. SOHN	
	33 E. Camino Real #806	
	Boca Raton, FL 33432-6155	
MGRM	MICHAEL SOHN	
	3138 Sunset Rd.	
	Fort Myers, FL 33901	
(Use attachment if necessary)	·	
NOTE: An additional article must	be added if an effective date is requested.	
DECLIDED SIGNATION.		
REQUIRED SIGNATURE:		
Sto.	2/36/	
Signature of a member	er or an authorized representative of a member.	
(In accordance with se of this document const that the facts stated l	ection 608.408(3), Florida Statutes, the execution citutes an affirmation under the penalties of perjury herein are true.)	
	FLOYD T. SOHN	
Ty	ped or printed name of signee	

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)