

## Florida Department of State

Division of Corporations Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H050000682153)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)205-0383

From:

Account Name : HARPER MEYER PEREZ & FERRER LLP

Account Number: I20040000061

Phone : (305)577-3443
Fax Number : (305)577-9921

RECEIVED
05 HAR 18 PH 3: 47
05 HAR 18 CORPORATIO

## LIMITED LIABILITY COMPANY

Unlocking the Soul Enterprises LLC

Certificate of Status	0
Certified Copy	0
Page Count	10
Estimated Charge	\$125.00

Electropic Filing Manu.

Corporate Filing

**Rublic Access Help** 

UD O

https://efile.sunbiz.org/scripts/efilcovr.exe

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is	<del>:</del>
Unlocking The Soul Enterprises LLC	
ARTICLE II - Address: The mailing address and street address of the p	rincipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
701 Brickell Avenue	701 Brickell Avenue
Suite 1400	Suite 1400
Miami, Florida 33131	Miami, Florida 33131
The name and the Florida street address of the  Manuel A. Perez  Name	
tame	i
701 Brickell Avenue, Suite 14	00
Florida street ad	dress (P.O. Box NOT acceptable)
Miami, Florida 33131	ਸ਼(.
City, State,	and Zip
liability company at the place designated in registered agent and agree to act in this capaci.  —statutes relating to the proper and complete p	accept service of process for the above stated limited this certificate, I hereby accept the appointment as ty. I further agree to comply with the provisions of all erformance of my duties, and I am familiar with and istered agent as provided for in Chapter 608, F.S.

(CONTINUED)

Page 1 of 2

ANTICLE IV- Manager(s) or Managing Member(	Ianager(s) or Managing Member(s	}
--	---------------------------------	---

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

Title: "MGR" = Manager "MGRM" = Manager			
MGRM	Graciela Chell Cerra		
	9320 N.W. 50 Doral Circle North		
	Miami, Florida 33178		
MGRM	Jesse Horowitz		
	16417 Lazare Lane		
	Huntington Beach, California 92649		
	<u></u>		
(Use attachment if n	ecessary)		
NOTE: An additio	mal article must be added if an effective date is requested.		
REQUIRED SIGN	ATURE: Old Ce		
Sig	nature of a member or an authorized representative of a member.		
10	accordance with section 608.408(3), Florida Statutes, the execution this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)		
	Cheli Cerra	- <b></b> *	1
	Typed or printed name of signee	ASE SE	•
Filing Foos:		Z S S	

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)

Page 2 of 2

2005 MAR 18 AM 9: 47