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TRANSMITTAL LETTER

TO: Registration Se Division of Cor			
SUBJECT: Socrasmi	ıs L.L.C.	·	
- 1	(Name of Limited	Liability Company)	
	Organization and fee(s) are so	-	
Please return all correspondence	ondence concerning this matte	r to the following:	•
Michel G	rondin		
	*** <u>**********************************</u>	Name of Person)	
Socrasmus L.L.C.			
		Firm/Company)	
107 Bal Cro	ss Drive		
		(Address)	· · · · · · · · · · · · · · · · · · ·
Bal H	arbour, FL 33154		
	(City/	State and Zip Code)	· · · · · ·
For further information of	concerning this matter, please	call:	
Michel Grondin		at (305) 962 - 8208	
(Name	of Person)	(Area Code & Daytime Te	elephone Number)
Enclosed is a check fo	r the following amount:		tiya 😭
□ \$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	S160.00 Filing Fee. Certificate of Status & Certified Copy (additional copy Staticlosed)
eann r	ET ADDRESS.	BATA TY TISTON AT	DDDECC.

STREET ADDRESS:

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

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 Com	ipany is:
Socrasmus L.L.C.	
ARTICLE II - Address: The mailing address and street address	of the principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
107 Bal Cross Drive	107 Bal Cross Drive
Bal Harbour, FL 33154	Bal Harbour. FL 33154
Michel Grondin 107 Bal Cross Drive	Name
<u></u>	a street address (P.O. Box NOT acceptable)
Bal Harbour, FL 3315	54 FT
Ci	ity, State, and Zip
liability company at the place design registered agent and agree to act in this statutes relating to the proper and con accept the obligations of my position.	at and to accept service of process for the above stated limited nated in this certificate, I hereby accept the appointment as a capacity. I further agree to comply with the provisions of all implete performance of my duties, and I am familiar with and my as registered agent as provided for in Chapter 608, F.S

(CONTINUED)

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:

Title:		Name and Address:		
"MGR" = Manag "MGRM" = Man				
MGRM		_Michel Grondin		
		107 Bal Cross Drive		
		Bal Harbour, FL 33154		
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				- A Parallinguist
			<u> </u>	· · ·
(Use attachment	if necessary)			
(a a a minute in it	,			
NOTE: An add	itional article must be	added if an effective dat	te is requested.	
REQUIRED SIG	GNATURE:			
	al I Illy			
	May we great	an authorized representativ	o of a mamban	- •
	Signature of a member of	ng anthorized tebtesentant	e of a member.	
	(In accordance with section of this document constitute, that the facts stated hereign	608.408(3), Florida Statutes, s an affirmation under the pen n are true.)	the execution alties of perjury	
	Michel Grondin			4 3
	Typed	or printed name of signee		3 3
1981 - T				50 2

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)