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Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
Fax Number : (850) 205-0383

From: Account Name : DAVID J. WIENER, P.A.  
Account Number : I20040000023  
Phone : (561) 366-9144  
Fax Number : (561) 366-9145

LIMITED LIABILITY COMPANY

Soulstice ASB, LLC

Certificate of Status	0
Certified Copy	0
Page Count	4
Estimated Charge	\$125.00

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**TRANSMITTAL LETTER**

**TO:** Registration Section Division of  
Corporations

**SUBJECT:** Soulstice ASB, LLC

(Name of Limited Liability Company)

The enclosed Articles of Organization and Facts) are submitted for filing. Please return  
all correspondence concerning this matter to the following.

David J. Wiener, Esq.  
(Name of Person)

David J. Wiener, P.A.  
(Firm/Company)

One North Clematis Street, Suite 305  
(Address)

West Palm Beach, FL 33401  
(City/State and Zip Code)

For further information concerning this matter, please call:

Joanne Capuano at ( 561 ) 366-9144

Enclosed is a check for the following amount:

- ☒ \$125 Filing Fee    ☐ \$130.00 Filing Fee &  
Certificate of Status    ☐ \$155 Filing Fee &  
Certified Copy    ☐ \$160 Filing Fee.  
(additional copy is enclosed)    Certificate of Status  
& Certified Copy  
(additional copy is enclosed)

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

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
PO Box 6327  
Tallahassee, Florida 32314

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Soulstice ASB, LLC

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SEC. OF STATE  
TALLAHASSEE, FLORIDA

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

One North Clematis Street

Suite 305

West Palm Beach, FL 33401

Mailing Address:

One North Clematis Street

Suite 305

West Palm Beach, FL 33401

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

The name and the Florida street address of the registered agent are:

David J. Wiener, Esq.

Name

One North Clematis Street, Suite 305

Florida street address (P.O. Box NOT acceptable)

West Palm Beach, Florida 33401

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

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**ARTICLE IV – Manager(s) or Managing Member(s):**  
The name and address of each Manager or Managing Member is as follows:

Title:  
"MGR" = Manager  
"MGRM" = Managing Member

Name and Address:

MGR

Brian D. Kosoy

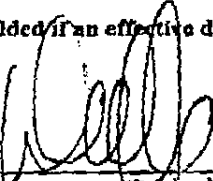
One North Clematis Street, Suite 305  
West Palm Beach, FL 33401

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STATE OF FLORIDA  
TALLAHASSEE

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:



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

(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.)

David J. Wiener, Esq.

Typed 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)

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