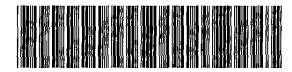
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COVER LETTER

TO: Registration Se Division of Co					
SUBJECT: Soul S	Society, LLC	17:17:			
	(Name of Limited	d Liability Compar	ıy)		
The enclosed Articles o	f Organization and fee(s) are so	abmitted for filing.			
Please return all corresp	ondence concerning this matte	r to the following:			
Nicole Ge					_
	(I	Name of Person)			,
Soul Soci	etv. LLC			ALL AT	· -
		Firm/Company)		=======================================	50 °
130 Wes	t 36th Street			2006 FIN	J マ
		(Address)		T	ببع
Hialeah,	FL 33012			United the second secon	5
<u> </u>		State and Zip Code)			_
For further information	concerning this matter, please	call:			
Nicole Geary		954	588-84	56	
	e of Person)	at (954 (Area Code	& Daytime To	elephone Number)	
Enclosed is a check for	or the following amount:				
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Fil Certified Copy (additional copy is		\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Registration Division of Clifton Bu 2661 Exec	of Corporatio	ns	

ARTICLES OF ORGANIZATION FOR FLA	ORIDA LIMITED LIABILITY COMPANY
ARTICLE I - Name:	こう で
The name of the Limited Liability Company is:	PA F.
Soul Society, LLC	i i i
(Must end with the words "Limited Liability Company, "Limite	d Company" or their abbreviation "LLC," or "L.C.,")
ARTICLE II - Address:	incipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
130 West 36th Street	Post Office Box 1621
Hialeah, FL 33012	Miami, FL 33137
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regist business entity with an active Florida registration.) The name and the Florida street address of the registration.	ered Agent. You must designate an individual or another
Nicole Geary	
Name	
130 West 36th Street	
Florida street add	ress (P.O. Box NOT acceptable)
Hialeah	FL 33012
City, State, a	
liability company at the place designated in the registered agent and agree to act in this capacity	accept service of process for the above stated limited his certificate, I hereby accept the appointment as . I further agree to comply with the provisions of all rformance of my duties, and I am familiar with and

(CONTINUED) Page 1 of 2

Registered Agent's Signature (REQUIRED)

accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..

"MGRM" = Managing Member MGRM Adolfo Rodriguez Post Office Box 1621 Miami, FL 33137 MGRM Gil Shojgreen 130 West 36th Street Hialeah, FL 33012 MGRM Sarahy Shojgreen 130 West 36th Street Hialeah, FL 33012 MGRM Nicole Geary Post Office Box 934791 Margate, FL 33093 (Use attachment if necessary) LE V: Effective date, if other than the date of filing: (OPTION office in the date of filing) (OPTION office in the date of filing)		
MGRM Sarahy Shoigreen 130 West 36th Street Hialeah, FL 33012 MGRM Nicole Geary Post Office Box 934791 Margate, FL 33093 (Use attachment if necessary) LE V: Effective date, if other than the date of filing: (OPTION of fective date is listed, the date must be specific and cannot be more than five business date days after the date of filing.) REQUIRED SIGNATURE: (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.)	Title:	Name and Address:
MGRM Sarahy Shoigreen 130 West 36th Street Hialeah, FL 33012 MGRM Nicole Geary Post Office Box 934791 Margate, FL 33093 (Use attachment if necessary) LE V: Effective date, if other than the date of filing: (OPTION of fective date is listed, the date must be specific and cannot be more than five business date days after the date of filing.) REQUIRED SIGNATURE: (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.)		至
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MGRM Sarahy Shoigreen 130 West 36th Street Hialeah, FL 33012 MGRM Nicole Geary Post Office Box 934791 Margate, FL 33093 (Use attachment if necessary) LE V: Effective date, if other than the date of filing: (OPTION of fective date is listed, the date must be specific and cannot be more than five business date days after the date of filing.) REQUIRED SIGNATURE: (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.)		Post Office Box 1621
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MGRM Sarahy Shojgreen 130 West 36th Street Hialeah, FL 33012 MGRM Nicole Geary Post Office Box 934791 Margate, FL 33093 (Use attachment if necessary) LE V: Effective date, if other than the date of filing:		
MGRM Nicole Geary Post Office Box 934791 Margate, FL 33093 (Use attachment if necessary) LE V: Effective date, if other than the date of filing:		7.1000117 12 000 14
MGRM Nicole Geary Post Office Box 934791 Margate, FL 33093 (Use attachment if necessary) LE V: Effective date, if other than the date of filing:	MGRM	Sarahy Shojgreen
MGRM Post Office Box 934791 Margate, FL 33093 (Use attachment if necessary) LE V: Effective date, if other than the date of filing:		
Post Office Box 934791 Margate, FL 33093 (Use attachment if necessary) LE V: Effective date, if other than the date of filing:	•	Hialeah, FL 33012
Post Office Box 934791 Margate, FL 33093 (Use attachment if necessary) LE V: Effective date, if other than the date of filing:		
(Use attachment if necessary) LE V: Effective date, if other than the date of filing:	MCDM	Nicolo Goony
(Use attachment if necessary) LE V: Effective date, if other than the date of filing:	MGRM	
fective date is listed, the date must be specific and cannot be more than five business dated days after the date of filing.) 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.)		Post Office Box 934791 Margate, FL 33093
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.)	(Use attachment if necessary)	Post Office Box 934791 Margate, FL 33093
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Nicole Geary	(Use attachment if necessary) LE V: Effective date, if other fective date is listed, the date days after the date of filing.) REQUIRED SIGNATURE: Signature of	Post Office Box 934791 Margate, FL 33093 than the date of filing:
Typed or printed name of signee	(Use attachment if necessary) LE V: Effective date, if other fective date is listed, the date days after the date of filing.) REQUIRED SIGNATURE: Signature of this document of this document.	Post Office Box 934791 Margate, FL 33093 than the date of filing:

Page 2 of 2

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