# L07000068426

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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Special Instructions to Filing Officer:
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## FLORIDA DEPARTMENT OF STATE Division of Corporations

June 12, 2007

ANGELINA KING 20611 NW 34TH AVE. MIAMI GARDENS, FL 33056

SUBJECT: SOBERCUTIE.COM, LLC

Ref. Number: W07000027925

We have received your document for SOBERCUTIE.COM, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must contain both the street address of the principal office and the mailing address of the entity.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6094.

Agnes Lunt Document Specialist

Letter Number: 907A00039627

# **COVER LETTER**

TO:	Registration S Division of Co				
SUBJI	RCT∙	SOBERCUTIE.COM, LLC			
30.00	EC1	(Name of Limited	d Liability Company)		
The en	closed Articles o	of Organization and fee(s) are so	ubmitted for filing.		
Please	return all corresp	pondence concerning this matte	er to the following:		
	ANGE	LINA KING			
		()	Name of Person)		
	SOBE	RCUTIE.COM, LLC			
			Firm/Company)	SECR	r 1997
	2061	1 NW 34TH AVENUE	(Address)	<del>- 55</del>	<u></u>
	WTAW	I GARDENS, FLORIDA	33056	SSEE.	28 P
	MIAM		/State and Zip Code)	- <del>E</del> S	<u>~</u>
For fu	rther information	concerning this matter, please	call:	ATE	ь 1
	(Nara	e ct Person)	at ()(Area Code & Daytime Telephone Num	ber)	
	sed is a check f	or the following amount:  \$130.00 Filing Fee & Certificate of Status	S155.00 Filing Fee & \$160.0 Certified Copy (additional copy is enclosed) Certificate (additional codditional coddi	0 Filing e of Statu Copy	s &
		Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301		

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:** 

The name of the Limited Liability Company is:

SOBERCUTIE.COM, LLC	
(Must end with the words "Limited Liability Company,	"Limited Company" or their abbreviation "LLC," or "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:
20611 NW 34th Avenue MIAMI GARDENS, FL 330	P.O. BOX 540968 OPA LOCKA, FL 33056
	tered Office, & Registered Agent's Signature: Registered Agent. You must designate an individual or another
The name and the Florida street address of	f the registered agent are:
ANGELINA KING	TA AT
	Name SSET
20611 NW 34TH AV	ENUE TO I
Florida str	eet address (P.O. Box NOT acceptable)

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.

City, State, and Zip

33056

egistered Agent's Signature (REQUIRED)

MIAMI GARDENS

(CONTINUED) Page 1 of 2

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:	
	ANGELINA KING, MGRM	
	20611 NW 34TH AVENUE	
	MIAMI GARDENS, FLORIDA 33056	5
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fective date is listed, the date must be a days after the date of filing.)	ate of filing: (OPT specific and cannot be more than five business	
fective date is listed, the date must be so days after the date of filing.)  REQUIRED SIGNATURE:	specific and cannot be more than five busine	
fective date is listed, the date must be stays after the date of filing.)  REQUIRED SIGNATURE:  Signature of a member of a mem	or an authorized representative of a member.	
fective date is listed, the date must be stays after the date of filing.)  REQUIRED SIGNATURE:  Signature of a member of the content of the c	or an authorized representative of a member. on 608.408(3), Florida Statutes, the execution	
fective date is listed, the date must be stays after the date of filing.)  REQUIRED SIGNATURE:  Signature of a member of the accordance with sections.	or an authorized representative of a member.  on 608.408(3), Florida Statutes, the execution are an affirmation under the penalties of perjury	
fective date is listed, the date must be a days after the date of filing.)  REQUIRED SIGNATURE:  Signature of a member of this document constitution that the facts stated her	or an authorized representative of a member.  on 608.408(3), Florida Statutes, the execution ties an affirmation under the penalties of perjury ein are true.	
fective date is listed, the date must be a days after the date of filing.)  REOUIRED SIGNATURE:  (In accordance with section of this document constitution that the facts stated here.)	or an authorized representative of a member.  on 608.408(3), Florida Statutes, the execution and are true.  do or printed name of signer	
days after the date of filing.)  REOUIRED SIGNATURE:  (In accordance with section of this document constitution that the facts stated her	or an authorized representative of a member.  on 608.408(3), Florida Statutes, the execution and are true.  do or printed name of signer	
fective date is listed, the date must be a days after the date of filing.)  REOUIRED SIGNATURE:  (In accordance with section of this document constitut that the facts stated her Type  ANGELINA KING  Filing Fees:	or an authorized representative of a member.  on 608.408(3), Florida Statutes, the execution tess an affirmation under the penalties of perjury rein are true.	
days after the date of filing.)  REOUIRED SIGNATURE:  (In accordance with section of this document constitution that the facts stated her Type	or an authorized representative of a member.  on 608.408(3), Florida Statutes, the execution tess an affirmation under the penalties of perjury rein are true.	

Page 2 of 2

# **COVER LETTER**

	ion Section of Corporations		
SUBJECT:	SOBERCUTIE.COM, LLC	· .	
5050201.	(Name of Limit	ed Liability Company)	
The enclosed Artic	cles of Organization and fee(s) are	submitted for filing.	
Please return all co	orrespondence concerning this matt	ter to the following:	
A	NGELINA KING		<del></del> f _ ,
		(Name of Person)	SEC .
S	OBERCUTIE.COM, LLC		JUN 21
***************************************		(Firm/Company)	\$\$ 28 \$\$\$ \$\$
26	D611 NW 34TH AVENUE		P P
		(Address)	P 12: 49 OF STATE E. FLORIDA
. М	IAMI GARDENS, FLORIDA	33056	A
	(City	y/State and Zip Code)	
For further informa	ation concerning this matter, please	call:	·
	Name of Person)	at ()	Labas Number
(	Nume of Person)	(Area Code & Daytime 1e.	ephone (vumber)
Enclosed is a che	ck for the following amount:	*	
☐ \$125.00 Filing	Fee \$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$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	Street/Courier Address Registration Section Division of Corporation Clifton Building 2661 Executive Center ( Tallahassee, FL 32301	

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:** 

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SOBERCUTIE.COM, LLC  (Must end with the words "Limited Liability Company, "Limited Company" or their abbreviation "LLC," or "L.C.,")						
	ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:					is:
Principal Office Address:		<u>Mai</u>	Mailing Address:			
(The Limited Liability Conduction of the business entity with an analysis of the business entity with a superior of the business entity with	egistered Agent, Regiompany cannot serve as its own active Florida registration.)  Florida street address of ANGELINA KING  20611 NW 34TH ANGELINA STORIGA STO	on Registered Ag of the register Name	ent. You must design	ate an individual SCE, FLORIDA	ure E	

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 (REQUIRED)

(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:

· · · · · · · · · · · · · · · · · · ·	ANGELINA KING, MGRM 20611 NW 34TH AVENUE	
,		
	MIAMI GARDENS, FLORIDA	33056
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Use attachment if necessary)		OA F

### **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.

Typed or printed name of signs

ANGELINA KING

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)