08000 34736

(Re	questor's Name)	
(Ade	dress)	
(Add	dress)	
(City	y/State/Zip/Phone	e #)
	•	
PICK-UP	MAIT	MAIL
(Bus	siness Entity Nar	ne)
(Doo	cument Number)	
Certified Copies	Certificates	s of Status
'	_	
Special Instructions to F	Filing Officer:	

Office Use Only



200121662272

04/04/08--01048--009 ++155.00

SECHETARY OF STATE FALLAHASSEE, FLORIDA

8 APR -4 AHII:5

COVER LETTER

TO:

Registration Section

P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations
SUBJECT: Sounds Good Retails and Services LLC
(Name of Limited Liability Company)
The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Lourdes Arredondo
(Name of Person)
SoBe Consulting Services LLC
(Firm/Company)
2895-A Collins Ave
(Address)
Miami Beach, FL 33140 (City/State and Zip Code) For further information concerning this matter, please call: Lourdes Arredondo at 305 673-5213
(City/State and Zip Code)
For further information concerning this matter, please call:
Lourdes Arredondo at 305 673-5213
(Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\bigcup \\$130.00 Filing Fee & \bigcup \\$155.00 Filing Fee & \bigcup \\$160.00 Filing Fee, Certificate of Status & Certified Copy
(additional copy is enclosed) Certified Copy (additional copy is enclosed)
Mailing Address Street/Courier Address Registration Section Registration Section Division of Corporations 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:	
Sounds Good Retails and Services	LLC
(Must end with the words "Limited Liabilit	y Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	
The mailing address and street address of the pri	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
181-51 NE 31 Court, Suite 407	2895-A Collins Ave
North Miami Beach, FL 33160	Miami Beach, FL 33140
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registe business entity with an active Florida registration.) The name and the Florida street address of the re Lourdes Arredondo Name	red Agent. You must designate an individual or another
2895-A Collins Ave	···
	ess (P.O. Box NOT acceptable)
Miami Beach	FL 33140
City, State, an	d Zip
Having been named as registered agent and to a	ccent service of process for the above stated limited

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:

IGR	Ermelino Castro Corbacho	
	181-51 NE 31 Court, Suite 407	
	North Miami Beach, FL 33160-2667	**************************************
MGR	Mariana Lisboa Ribeiro	
	181-51 NE 31 Court, suite 407	
	North Miami Beach, FL 33160-2667	
11		OB APK
Use attachment if necessary)		Qm

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.)

Ermelino Castro Corbacho

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)