L08000038125

Office Use Only



000122619880

04/16/08--01010--020 **155.00



B. KOHR APR 1 6 2008

EXAMINER



LAZARUS CORPORATE FILING SERVICE

3320 SW 87TH AVENUE

MIAMI, FL 33165 (305) 552-5973	
	Office Use Only
CORPORATION NAME(S) & DOCUMENT N	UMBER(S), (if known):
1. SEIRI SOAP AN	ID MORE LLC
(Corporation Name)	(Document #)
2. (Corporation Name)	(Document #)
2	. •
3. (Corporation Name)	(Document #)
4	
(Corporation Name)	(Document #)
Walk in Pick up time 2 06 Mail out Will wait Ph	Certified Copy Octocopy Certificate of Status
NEW FILINGS AME	NDMENTS
Not for Profit Limited Liability Domestication	Amendment Resignation of R.A., Officer/Director Change of Registered Agent Dissolution/Withdrawal Merger
OTHER FILINGS REG	ISTRATION/QUALIFICATION
Fictitious Name	Foreign Limited Partnership Reinstatement Trademark Other
	Examiner's Initials

CR2E031(7/97)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited Liability Company is:
ARTICLE I - Name: The name of the Limited Liability Company is: Socio MORE LLC (Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:
The mailing address and street address of the principal office of the Limited Liability Company is:
Principal Office Address: Mailing Address:
9962 SW 885T APT 715 SAME
MIDMI, FL 33176
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.) The name and the Florida street address of the registered agent are:
GLADYS Beatriz CASTILLO Name
9962 SW 8857 Ap7 715 Florida street address (P.O. Box NOT acceptable)
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..

ent's Signature (REQUIRED)

(CONTINUED) Page 1 of 2

REQUIRED SIGNATURE:

to or 90 days after the date of filing.)

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

(If an effective date is listed, the date must be specific and cannot be more than five business days prior

(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.)

SLADYS BEATRIZ CASTILLO A

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)