

609-000017143

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

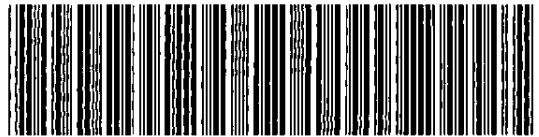
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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02/12/09--01008--021 **160.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. CLINE

FEB 20 2009

EXAMINER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 13, 2009

LAWRENCE COOK
1234 WAHSINGTON AVENUE, #300
MIAMI BEACH, FL 33139

SUBJECT: SOBE.FX LLC
Ref. Number: W09000007155

We have received your document for SOBE.FX 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):

Pursuant to section 608.409(2), F.S., the effective date must be specific, cannot be more than five business days prior to the date of filing or more than 90 days after the date of filing. Our office received your document on February 12, 2009. Please amend your document accordingly.

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) 245-6020.

Tammi Cline
Regulatory Specialist II

Letter Number: 509A00005234

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TALLAHASSEE, FLORIDA

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SOBE.FX LLC

02/09/09

To: Florida Dept. of State
Registration Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314
850 245 6051

From: SOBE.FX LLC
1234 Washington Ave, Suite #300
Miami Beach, FL 33139
305 531 1515 Fax 531 1516

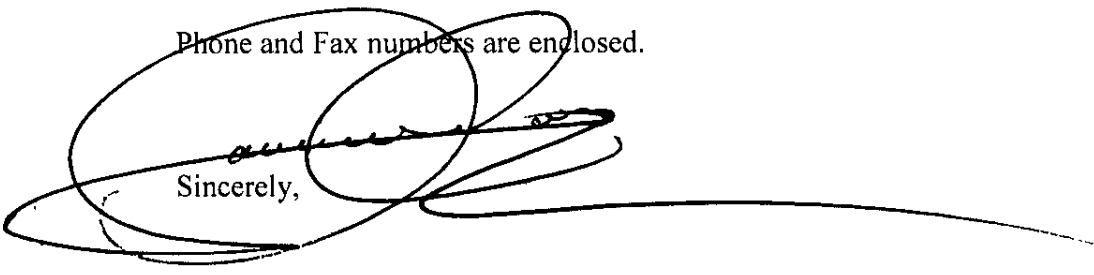
RE: LLC Registration

Pages: Including Cover; 6

As per your request enclosed is our application for registration of SOBE.FX LLC

Phone and Fax numbers are enclosed.

Sincerely,



Lawrence Cook
Manager, SOBE.FX.LLC

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1234 Washington Ave, # 300 Miami Beach , FL 33139

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: SOBE.FX 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:

Lawrence P Cook

(Name of Person)

SOBE.FX LLC

(Firm/Company)

1234 Washington Avenue, #300

(Address)

Miami Beach, FL 33139

(City/State and Zip Code)

2009 FEB 19 AM 10:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

For further information concerning this matter, please call:

Lawrence P Cook

(Name of Person)

at (**305**) **531-1515**

(Area Code & Daytime Telephone Number)

Enclosed is a check 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 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:

SOBE.FX 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:

1234 Washington Avenue, #300
Miami Beach, FL 33139

Mailing Address:

1234 Washington Avenue, #300
Miami Beach, FL 33139

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:

Lawrence P Cook

Name

22900 SW 157 Avenue

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

Miami, FL 33170

FL

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 (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:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGR

Lawrence P Cook

22900 SW 157 Avenue

Miami, FL 33170

MGRM

Massimiliano Fiano

~~2264 SW 87 Avenue, Suite 603~~

~~Miami, FL 33145~~

1250 Bixel Ave #2/4
Miami Beach, FL 33139

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TALLAHASSEE, FLORIDA

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: February 27th, 2009 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 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.)

Lawrence P Cook.

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)