

L09000021362

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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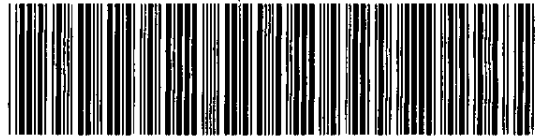
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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800143052318

Effective Date 02/23/09

02/13/09--01010--014 **130.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

W09-7375
FEB 16 2009
BRYAN

J. BRYAN

MAR -5 2009

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SoBe Style Media
(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:

Carolina Cardona

(Name of Person)

SoBe Style Media

(Firm/Company)

4958 SW 128th Avenue

(Address)

Miramar FL 33027

(City/State and Zip Code)

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Carolina Cardona

(Name of Person)

at

305

(Area Code & Daytime Telephone Number)

788-9348

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 16, 2009

CAROLINA CARDONA
SOBE STYLE MEDIA
4958 SW 128TH AVENUE
MIRAMAR, FL 33027

SUBJECT: SOBE STYLE MEDIA LLC
Ref. Number: W09000007375

FILED
09 FEB 23 AM 8:47
TALLAHASSEE
SECRETARY OF STATE
FLORIDA

We have received your document for SOBE STYLE MEDIA LLC and your check(s) totaling \$130.00. 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 13, 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) 245-6043.

Joey Bryan
Regulatory Specialist II

Letter Number: 109A00005392

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

SoBe Style Media 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:

4958 SW 128th Avenue
Miramar FL 33027

Mailing Address:

4958 SW 128th Avenue
Miramar FL 33027

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:

Effective Date 02/23/09

Carolina Cardona

Name

4958 SW 128th Avenue

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

Miramar, FL 33027

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)

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

Carolina Cardona
4958 SW 128th Ave
Miramar, FL 33027


MGR

Paola Varela Rossi
9725 NW 52nd St Apt 119
Doral, FL 33178

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 2/23/09 . (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.)

Carolina Cardona

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)

FILED
09 FEB 23 AM 8:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA