

L11000016702

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

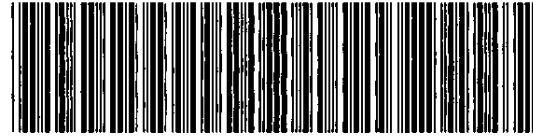
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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11 JAN 25 AM 10:28
SECRETARY OF STATE
DIVISION OF CORPORATIONS

T. HAMPTON

JAN 28 2011

EXAMINER

0546-116

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: SOAR Above, 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:

Adrienne N. Russell

Name of Person

SOAR Above, LLC.

Firm/Company

3854 Lyons Rd. Unit 203

Address

Coconut Creek, FL 33073

City/State and Zip Code

a.sims.twin@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Adrienne N. Russell

Name of Person

at (**740**)

804-5139

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 19, 2011

ADRIENNE N RUSSELL
3854 LYONS RD
UNIT 203
COCONUT CREEK, FL 33073

SUBJECT: SOAR ABOVE, LLC
Ref. Number: W11000003456

We have received your document for SOAR ABOVE, LLC and your check(s) totaling \$125.00. 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 January 18, 2011. 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) 245-6855.

Tammy Hampton
Regulatory Specialist II

Letter Number: 611A00001605

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

SOAR Above, 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:

3854 Lyons Rd. Unit 203
Coconut Creek, FL 33073

Mailing Address:

3854 Lyons Rd. Unit 203
Coconut Creek, FL 33073

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:

Adrienne N. Russell

Name

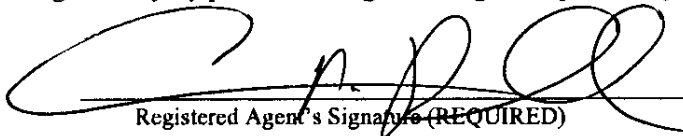
3854 Lyons Rd. Unit 203

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

Coconut Creek, FL 33073

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

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DIVISION OF CORPORATIONS

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:

MGRM

Adrienne N. Russell

3854 Lyons Rd. Unit 203

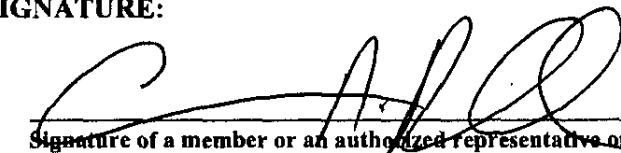
Coconut Creek, FL 33073

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: January 25, 2011 (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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Adrienne N. Russell
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)