

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H12000049899 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name

: C T CORPORATION SYSTEM

Account Number : FCA000000023

: (850)222-1092

Fax Number

: (850)878-536B

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

~~	Address.			
KMATI	ACCTORS.			

FLORIDA LIMITED LIABILITY CO.

Soho Tampa Rentals, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

Electronic Filing Menu

Corporate Filing Menu

Help

J. BRYAN

FEB 27 2012

https://efile.sunbiz.org/scripts/efilcovr.exe

CT CORPORATION

8656336092

91:51 2102/52/20

COVER LETTER

TO: Registrati Division (ion Section of Corporations			
SUBJECT: SO	ho Tampa Rent	als, LLC		
SUBJECT:	Name of Lim	fted Liability Company	115	1
The enclosed Artic	les of Organization and fee(s) are	submitted for filing.	ALLAHA FORETA	FILED T. 52
Please return all co.	rrespondence concerning this ma	tter to the following:	SEE E	里口
		Name of Person	9.5	2 %
CT C	orporation Syste	.m	Op.	, ,
	<u> </u>	Firm/Company		
		Address		
,,	C	ty/State and Zip Code		
dochste	ein@gmail.com			
	E-mail address: (to be used	for future annual report notification)		*
For further informat	tion concerning this matter, pleas	e call:		
		_at ()		
Ne	une of Person	Ares Code & Daytime To	ticphone Number	
Enclosed is a chec	k 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 Addres Registration Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301	ns	

ARTICLES OF ORGANIZATION FOR F	LORIDA LIMITED LIABILITIY COMPANY					
ARTICLE I - Name: The name of the Limited Liability Company is:						
Soho Tampa Rentals, LL						
(Must and with the words 'Limited Liab	lity Company, "L.L.C." or "LLC.")					
ARTICLE II - Address: The mailing address and street address of the p	rincipal office of the Limited Liability Company is.					
Principal Office Address:	Mailing Address:					
713 S. Fielding Avenue Tampa, FL 33606	713 S. Fielding Avenue Tampa, FL 33606					
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regist business study with an active Florida registration.)	Office, & Registered Agent's Signature: kered Agent. You must designate an individual or another					
The name and the Florida street address of the r	egistared agent are:					
Daniel S. Ochstein	· · · · · · · · · · · · · · · · · · ·					
713 S. Fleiding	Avenue					

Having been named as registered again and to accept service of process for the divove 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 amfantiliar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S.

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

FL 33606 City, State, and Zip

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

Tampa

TILED IN THE SEE THE S ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows: Name and Address: Title: "MGR" = Manager "MGRM" = Managing Member MGR Debra L. Ochstein 713 S. Fielding Avenue Tampa, FL 33606 MGR Daniel S. Ochstein 713 S. Fleiding Avenue Tampa_FL_33606 (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: (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), Plorida 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 follows as provided for in a.817.155, P.S.)

Daniel S. Ochstein, Authorized Representative
Typed or printed name of signed

Filing Feet:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Sintus (Optional)

Page 2 of 2