

L12000028956

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

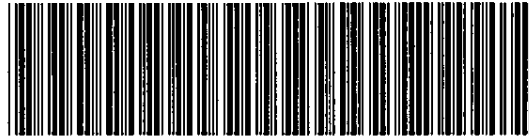
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

W12000006391

Office Use Only



700219727847

02/01/12--01014--015 **125.00

FILED
12 FEB 28 PM 12:07
TALLAHASSEE, FLORIDA

D. BRUCE

FEB 29 2012

EXAMINER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 2, 2012

NIKA STROBLE
908 TRINITY DRIVE #4
KEY WEST, FL 33040

SUBJECT: SOIREE KEY WEST, LLC
Ref. Number: W12000006391

We have received your document for SOIREE KEY WEST, 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):

The name designated in your document is unavailable because it is the same as or not distinguishable from an existing entity. If the principals are the same in both entities, please send a letter or affidavit advising us of this association, along with your articles so that we may complete the filing process.

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 1, 2012. Please amend your document accordingly.

Please return your document, along with a copy of this letter, within 60 days of your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6984.

Deborah Bruce
Regulatory Specialist II

Letter Number: 012A00003911

12 FEB 28 PM 12:07

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SOIREE KEY WEST, 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:

NIKA STROBLE

Name of Person

SOIREE KEY WEST, LLC

Firm/Company

908 TRINITY DRIVE #4

Address

KEY WEST, FLORIDA 33040

City/State and Zip Code

NIKA@SOIREEKEYWEST.COM

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

For further information concerning this matter, please call:

NIKA STROBLE

Name of Person

at (305) 393-5040

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

FILED
12 FEB 28 PM 12:07
TALLAHASSEE, FLORIDA

February 28, 2012

ATTN: DEBORAH BRUCE
Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: Soiree Key West, Inc. & Soiree Key West, LLC
Ref Number: W12000006391
Letter Number: 012A00003911

Dear Mrs. Bruce,

Please be advised, I, Nika Stroble, is the current President & owner of Soiree Key West, Inc. which is being dissolved. I give permission to reuse the name, Soiree Key West for the filing of Soiree Key West, LLC where I am listed as the Manager.

Please feel free to contact me should you have any further questions.

Sincerely,



Nika Stroble
President
Soiree Key West, Inc.
Soiree Key West, LLC

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

SOIREE KEY WEST, 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:

908 TRINITY DR #4
KEY WEST, FL 33040

Mailing Address:

908 TRINITY DR #4
KEY WEST, FL 33040

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:

SAMUEL J. KAUFMAN, ESQ.

Name

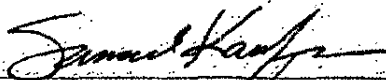
1509 JOSEPHINE ST STE 1

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

KEY WEST FL 33040

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)

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CLERK OF STATE
TALLAHASSEE, FLORIDA

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

NIKA STROBLE

908 TRINITY DR #4

KEY WEST, FL 33040

(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), 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.)

NIKA STROBLE

Typed or printed name of signer

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)

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CLERK OF STATE
TALLAHASSEE, FLORIDA