

Division of Corporations

FAX AUDIT NO.: H12000119970 3

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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((H12000119970 3))



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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : MICHAEL J. FREEMAN, P.A.
Account Number : 072720000142
Phone : (305) 442-1567
Fax Number : (305) 442-1227

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

Email Address: _____

FLORIDA LIMITED LIABILITY CO.
SOFRE INVESTMENTS LLC

Certificate of Status	1
Certified Copy	1
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Estimated Charge	\$160.00

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Corporate Filing Menu

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5/1/2012

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To: 18506176383

From: MICHAEL J FREEMAN PA 3054427344

MAY - 2 2012

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12 MAY -1 AM 8: 06

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I – Name:

The name of the Limited Liability Company is:

SOFRE INVESTMENTS LLC

ARTICLE II – Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address: 13899 Biscayne Boulevard
PH5
North Miami Beach, FL 33180

Mailing Address: 13899 Biscayne Boulevard
PH5
North Miami Beach, FL 33180

ARTICLE III – Registered Agent, Registered Office, & Registered Agent's Signature:

The name and the Florida street address of the registered agent are:

M.J. F. Registered Agent Corp.
Name

153 Sevilla Avenue
Florida Street Address (No P.O. Box)

Coral Gables, FL 33134
City, State, and Zipcode

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.

Michael J. Freeman
Registered Agent's Signature
(Michael J. Freeman, President)

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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

Michelle Billet
13899 Biscayne Boulevard
PH5
North Miami Beach, FL 33180

MGRM


Gerard Billet
13899 Biscayne Boulevard
PH5
North Miami Beach, FL 33180

MGRM

Jonathan Billet
13899 Biscayne Boulevard
PH5
North Miami Beach, FL 33180

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TALLAHASSEE, FLORIDA
SECRETARY OF STATE

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.)

Gerard Billet

Type or print name of signee

Filing Fees:

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

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