

L12000074948

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

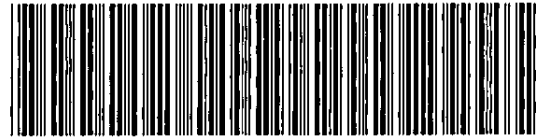
(Business Entity Name)

(Document Number)

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06/05/12--01010--020 \*\*50.00

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05/23/12--01014--020 \*\*75.00

EFFECTIVE DATE

6/1/12

FILED  
12 JUN - 5 PM 2: 55  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

N. Gulligan JUN - 5 2012

**GP**

(For Office Use Only)

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** The SoBe Shuttle

(Name of Partnership)

The enclosed Partnership Registration Statement and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Joel M. Rivera

(Name of Person)

The SoBe Shuttle LLP

(Firm/Company)

501 SE 2nd St. #525

(Address)

Ft. Lauderdale, FL 33301

(City/State and Zip Code)

~~GP1200000796-7~~  
~~05/23/12 01014 020 \*\*25.00~~

For further information concerning this matter, please call:

Joel M. Rivera

(Name of Person)

at ( 954 ) 513-5797

(Area Code & Daytime Telephone Number)

**STREET ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: The SoBe Shuttle 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:

Joel M. Rivera

Name of Person

The SoBe Shuttle LLC

Firm/Company

501 SE 2nd Street #525

Address

Ft. Lauderdale, FL 33301

City/State and Zip Code

Joel@TheSoBeShuttle.com

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

For further information concerning this matter, please call:

Joel M. Rivera

Name of Person

at ( 954 ) 513-5797

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

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

**The SoBe Shuttle 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:

501 SE 2nd Street #525  
Ft. Lauderdale, FL 33301

### Mailing Address:

501 SE 2nd Street #525  
Ft. Lauderdale, FL 33301

## 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:

Joel M. Rivera

Name

501 SE 2nd Street #525

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

Ft. Lauderdale

FL

33301

City, State, and Zip

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TALLAHASSEE, FLORIDA

*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

Joel M. Rivera

501 SE 2nd Street #525

Ft. Lauderdale, FL 33301

MGRM

Greg Becker

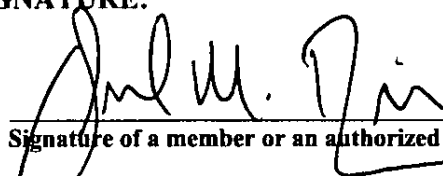
501 SE 2nd Street #525

Ft. Lauderdale, FL 33301

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: June 01, 2012 (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.)

Joel M. Rivera

Typed or printed name of signer

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12 JUN -5 PM 2:55  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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)**