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SECRETARY OF STATE
TALLAHASSEE FLORIDA

JUN - 7 2013

T CLINE

June 3, 2013

To: Registration Section
Division of Corporations

SUBJECT: CERTIFIED SOCIETY, LLC

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to: Benjamin R. Jacobi, Esq.
Benjamin R. Jacobi, P.A.
1313 N.E. 125th Str. - #200
North Miami FL 33161
jacobilawfirm@aol.com

For further information concerning this matter, please call:

Benjamin R. Jacobi, Esq. 305/893-4135

☒ \$125.00 Filing Fee

☐ \$130.00 Filing
Certificate of Status

☐ \$155.00 Filing Fee &
Certified Copy

☐ \$160.00 Filing Fee,
Certificate of Status &
Certified Copy

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

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SECRETARY OF STATE

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

CERTIFIED SOCIETY, LLC

ARTICLE II - Address:

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

Principal Office Address:

2180 Bay Dr. #6B
Miami Beach FL 33141

Mailing Address:

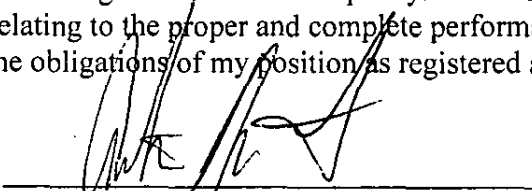
2180 Bay Dr. #6B
Miami Beach FL 33141

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

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

Antone Sheldon McLarty
2180 Bay Dr. #6B
Miami Beach FL 33141

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

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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:

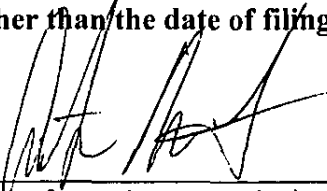
Title:

Name and Address:

"MGRM" - Managing Member

Antone Sheldon McLarty
2180 Bay Dr. #6B
Miami Beach FL 33141

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)



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.)

ANTONE SHELDON MCLARTY
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)

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