#L 13000097983

(Re	questor's Name)	
(Ad	dress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone i	(f)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Name)
(Do	ocument Number)	
Certified Copies	_ Certificates o	of Status
Special Instructions to	Filing Officer:	

Office Use Only



300249250073



06/26/13--01007--026 **125.00

FILED

13 JUN 26 PM 2: 54

NEUNETARY OF STATE
NEUNE

K. SALY EXAMINER JUL 10 2013



June 27, 2013

MATTHEW JURON 700 S HARBOUR ISLAND BLVD. #324 TAMPA, FL 33602

SUBJECT: OPM HOLDINGS LLC Ref. Number: W13000037170

We have received your document for OPM HOLDINGS 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 since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is P11000070321 "OPM HOLDINGS, INC.".

If you have any questions concerning the filing of your document, please call (850) 245-6870.

Karen A Saly Regulatory Specialist II

Letter Number: 313A00016137

COVER LETTER

TO: Registration Division of	n Section Corporations		
SUBJECT:	SOHO BR	OS LLC	
	Name of Limit	ted Liability Company	
The enclosed Articles	s of Organization and fee(s) are	submitted for filing.	
Please return all corre	espondence concerning this matt	ter to the following:	
Mat	+ Juron	Name of Person	
Son	o BrostlC		
		Firm/Company	
700 S	Harbour Islan	1d Blvd. #324 Address	
Tampo	, FL 33602	tv/State and Zin Code	
		ESYCARS. Com for future annual report notification)	
	E-mail address: (to be used	for future annual report notification)	
For further information	on concerning this matter, please	e call:	
Ryan Sa	al danha ne of Person	at (727) 599 - 1527 Area Code & Daytime Telephone Number	
Enclosed is a check	for the following amount:		
. 1	e \$\square\$130.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed) \$160.00 Filing Fee & Certificate of Status Certified Copy	us &
READY		(additional copy is enc	:losed)
READY SENT U ORIGINA HKAGE.	Mailing Address Registration Section	Street/Courier Address Registration Section	
J 0'	Division of Corporations P.O. Box 6327	Division of Corporations Clifton Building	
t Charles	Tallahassee, FL 32314	2661 Executive Center Circle Tallahassee, FL 32301	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	EFFER
The name of the Limited Liability Company is:	6. STOME DATE
SoHO BROS (Must end with the words "Limited Liability")	ity Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principle.	incipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
700 S. Harbar Island Blvd #324 Tampa, FL 33602	700 S. Harbar Island Blud. #324 Tampa, FL 33602
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)	
The name and the Florida street address of the re	egistered agent are:
MATTHEW JUR Name	LON LANGE TO
700 S. Harbour	ress (P.O. Box NOT acceptable) FL 33602
<u>Λαμρα</u> , City, Sta	FL 33602 PM
liability company at the place designated in the registered agent and agree to act in this capact all statutes relating to the proper and complete	accept service of process for the above stated limited his certificate, I hereby accept the appointment as ity. I further agree to comply with the provisions of e performance of my duties, and I am familiar with gistered agent as provided for in Chapter 608, F.S

(CONTINUED)

Registered Agent's Signature (REQUIRED)

Page 1 of 2

ARTICLE IV-	Manager(s	or Managing	Member	(s):

The name and address of each Manager or Managing Member is as follows:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGR	Matthew Juron 700 S. Harbour Island Blvd #324 Tampa, FL 33602
MGR	Ryan Saldanha 14249 Mark Dr. Largo, FL 33774
(Use attachment if necessary)	
	the date of filing: 62813. (OPTIONAL) nust be specific and cannot be more than five business days (.)
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.)

Matthew Juron

types of printed timine

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)