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(Re	equestor's Name)		
(Ad	dress)		
(Ad	ldress)		
(Cit	ry/State/Zip/Phon	e #)	
PICK-UP	☐ WAIT	MAIL	
(Bu	isiness Entity Nai	me)	
(Document Number)			
Certified Copies	_ Certificate	s of Status	
Special Instructions to	Filing Officer:		

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COVER LETTER

;TO:	Registration Division of C			
SUBJI		olutions		
SODJI		Name of Limite	ed Liability Company	
The en	closed Articles of	of Organization and fee(s) are s	submitted for filing.	
Please	return all corres	pondence concerning this matte	er to the following:	
	Sarah Egge	ers		
			Name of Person	
	Sosi Solutio	ons		
			Firm/Company	
	718 Bocce	Ct.		
			Address	
	Palm Beach	n Gardens, FL 33410		
	eggerssaral	Cit n@gmail.com	y/State and Zip Code	
		E-mail address: (to be used f	for future annual report notification)	
For fur	ther information	concerning this matter, please	call:	
Sara	h Eggers	· · · · · · · · · · · · · · · · · · ·	561 603-6556 _at ()	
	Name	of Person	Area Code & Daytime Telephone Number	
Enclos	sed is a check t	for the following amount:		
] \$125	.00 Filing Fee	21\$130.00 Filing Fee & Certificate of Status	□\$155.00 Filing Fee & Certified Copy (additional copy is enclosed) □ \$160.00 Filing Fe Certificate of Sta Certified Copy (additional copy is en	tus &
		Mailing Address Registration Section	Street/Courier Address Registration Section	
1. 1.3	, , , , ,	Division of Corporations P.O. Box 6327	Division of Corporations Clifton Building	
ţ+., #	- *** *** ****	Tallahassee, FE ³ 2314	2661 Executive Center Circle Tallahassee, FL 32301	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	e Limited Liability Company	y is:	
Sosi Solution	s, LLC	•	
	(Must end with the words "Limited	Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II -	- Address:		
		ne principal office of the Limited Liabi	lity Company is:
Principal Office Address: 718 Bocce Ct Palm Beach Gardens, FL 33410		Mailing Address:	
		718 Bocce Ct	
		Dalm Danah Cardana III 22	7777
ARTICLE III	- Registered Agent, Regist	Palm Beach Gardens, FL 33 tered Office, & Registered Agent's S	ignature:
ARTICLE III (The Limited Liabil business entity wit	- Registered Agent, Regist lity Company cannot serve as its own th an active Florida registration.)	tered Office, & Registered Agent's S Registered Agent. You must designate an individua	ignature:
ARTICLE III (The Limited Liabil business entity wit	- Registered Agent, Regist	tered Office, & Registered Agent's S Registered Agent. You must designate an individua	ignature:
ARTICLE III (The Limited Liabil business entity wit	- Registered Agent, Regist lity Company cannot serve as its own th an active Florida registration.)	tered Office, & Registered Agent's S Registered Agent. You must designate an individua	ignature:
ARTICLE III (The Limited Liabil business entity wit	- Registered Agent, Regist lity Company cannot serve as its own th an active Florida registration.) the Florida street address of Sarah Eggers	tered Office, & Registered Agent's S Registered Agent. You must designate an individua	ignature: al or another SECKET TALLAH
ARTICLE III (The Limited Liabil business entity wit	- Registered Agent, Regist lity Company cannot serve as its own th an active Florida registration.) the Florida street address of Sarah Eggers	tered Office, & Registered Agent's S Registered Agent. You must designate an individual the registered agent are:	ignature: al or another SEGRETARY TALLAHASSE
ARTICLE III (The Limited Liabil business entity wit	I - Registered Agent, Regist lity Company cannot serve as its own lith an active Florida registration.) the Florida street address of Sarah Eggers 718 Bocce Ct	tered Office, & Registered Agent's S Registered Agent. You must designate an individual the registered agent are:	ignature: al or another SEGRETARY TALLAHASSE
ARTICLE III (The Limited Liabil business entity wit	I - Registered Agent, Regist lity Company cannot serve as its own lith an active Florida registration.) the Florida street address of Sarah Eggers 718 Bocce Ct	tered Office, & Registered Agent's S Registered Agent. You must designate an individual the registered agent are: Name et address (P.O. Box NOT acceptable)	ignature: al or another SECKET TALLAH

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)

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:

Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:
·	
(Use attachment if necessary)	
	the date of filing: (OPTIONAL)
an effective date is listed, the date m or to or 90 days after the date of filing	nust be specific and cannot be more than five busine days.
REQUIRED SIGNATURE:	ARY OF ARSSEE.
	uch backs
Signature of a mer	mber or an authorized representative of a member.
	(/ 1)
constitutes an affirmation ur I am aware that any false inf	608.408(3), Florida Statutes, the execution of this document nder the penalties of perjury that the facts stated herein are true. formation submitted in a document to the Department of State clony as provided for in s.817.155, F.S.)
constitutes an affirmation ur I am aware that any false inf	nder the penalties of perjury that the facts stated herein are true. formation submitted in a document to the Department of State clony as provided for in s.817.155, F.S.)
constitutes an affirmation ur I am aware that any false int constitutes a third degree fel	nder the penalties of perjury that the facts stated herein are true. formation submitted in a document to the Department of State clony as provided for in s.817.155, F.S.)

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