## L13000154023

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
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Office Use Only



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10/28/13--01042--022 \*\*160.00

EFFECTIVE DATE

13 OCT 28 AM II: 3 Secretary of State

NOV - 1 2013

T. BROWN

(850) 245	-6051.	COVE	R LETTER	
TO:	Division of Co	rporations		. All
SUBJE	CCT:	Name of Limite	ed Liability Company	
The end	closed Articles of	f Organization and fee(s) are s	ubmitted for filing.	
Please	-	ondence concerning this matte		
	Se	AN Luca	24	
	<u> </u>	E CARTE	Firm/Company	
	465	BRICKELL	AVE, #/	606
	A	dmin @	33131 y/State and Zip Code  Sole Cartel  or future annual report notification)	, com
For fur		concerning this matter, please		
$\leq_{\epsilon}$	121/2	of Person	at ( 305 ) 600 -	1487 hone Number
Enclos	sed is a check for	or the following amount:		
□\$125.	00 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	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	Street/Courier Address Registration Section Division of Corporations	

P.O. Box 6327 Tallahassee, FL 32314

Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

EFFECTIVE DATE

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	500 50 m
SOLE CARTEL,	L.L.C.
(Must end with the words "Limited Liabili	ty Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the pri Principal Office Address:	ncipal office of the Limited Liability Company is:  Mailing Address:
	THE TENED TO SEE THE TE
465 Brickell AUE	465 BRICKELL AVE
#1606	4/606
MIAMI FL 33131	M, AM, FL 33131
ARTICLE III - Registered Agent, Registered	Office, & Registered Agent's Signature:

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

business entity with an active Florida registration.)

SEA	N LUCA	.S		
	Na	nme		
465	BRICKE	LL A	VE,	#1606
	Florida stree	address (P	.O. Box	NOT acceptable)
$\mathcal{W}^{1}$	IMA	FL.		33131
	City	, State, and	Zip	

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another

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:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGRM	SEAN WEAS  YES BRICKEIL AVE, #1606  MIAMI, FL 33131
(Use attachment if necessary)	
TICLE V: Effective date, if other than the n effective date is listed, the date must to or 90 days after the date of filing.)	date of filing: O O O O OOO (OPTIONAL)  be specific and cannot be more than five business da
REQUIRED SIGNATURE:	
Signature of a membe	r 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.)

SEAN LUCAS
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)