## L140000 3306/

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SECRETARY OF STAFE TALLAHASSEE, FLORIDA

2014 FEB 25 PM **2: 06** 

13-14-57FA

FEB 2 6 2013

T. HAMPTON

## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: SOPHIA WHOLESALE, 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:
ANNA GIOVANNA GIGLIO  Name of Person
SOPH: A WHOLE SALE, LLC Firm/Company
21018 TORRE DEL LAGO Address
ESTERO, FL 33928 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
AHHA GiGLio at (586) 260, 8485  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:  \$125.00 Filing Fee \$\times 130.00 Filing Fee & Certificate of Status \$\times 250.00 Filing Fee & Certificate of Status \$\times 250.00 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

Date:

January 18, 2014

From:

Anna G. Giglio

Subject: Articles of Organization

Please process the attached Articles of Organization:

Sophia Wholesale, LLC

Anna G. Giglio 21028 Torre Del Lago Estero, FL 33928

586.260.8485

Thank You,

Anna G. Giglio



February 7, 2014

ANNA G GIGLIO 21018 TORRE DEL LAGO ESTERO, FL 33928

SUBJECT: SOPHIA WHOLESALE, LLC

Ref. Number: W14000005791

We have received your document for SOPHIA WHOLESALE, LLC and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Page 1 of the articles are missing.

The designation of the registered office and the registered agent, both at the same Florida street address, must be contained within the document pursuant to Florida Statutes. The registered agent must sign accepting the designation as required by Florida Statutes.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Letter Number: 014A00001894

Tammy Hampton
Regulatory Specialist III

www.sunbiz.org



January 28, 2014

ANNA G GIGLIO 21028 TORRE DEL LAGO ESTERO, FL` 33928

SUBJECT: SOPHIA WHOLESALE, LLC

Ref. Number: W14000005791

We have received your document for SOPHIA WHOLESALE, LLC and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

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If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tammy Hampton Regulatory Specialist III

Letter Number: 014A00001894

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

•					
ARTICLE I - Name: The name of the Limited Liability Compa	ny is:				
Sophia W (Must end with the v	HOLESALE words "Limited Liabili	ty Company, "L.L.C.," or "L	.LC.")		
ARTICLE II - Address: The mailing address and street address of	the principal office of	the Limited Liability Compa	any is:		
Principal Office Address:	Mailing Add	lress:			
21018 TORRE DEL LAGE ESTERO, FL 339	98			<del></del>	
ARTICLE III - Registered Agent, Regi (The Limited Liability Company cannot s another business entity with an active Flo	erve as its own Registe	stered Agent's Signature: ered Agent. You must design	ate an inc	lividual	or
The name and the Florida street address of	of the registered agent a	are:			
ANNA	G. GiG	410			
Florida street add	TORRE OF dress (P.O. Box <b>NOT</b>	acceptable)			
		1 33928 Zin			
tang = f	City	Zip			
Having been named as registered agent a the place designated in this certificate, capacity. I further agree to comply with of my duties, and I am familiar with an Registered	I hereby accept the ap the provisions of all st	pointment as registered agen atutes relating to the proper a sof my position as registered F.S	it and agri and comp	ee to ac lete perj	t in this formance
	(CONTINUED)				
	Page 1 of 2		SECRE	2014 FEE	T

FILED
2014 FEB 25 PM 2: 07
SECRETARY OF STATE TALLAHASSEE, FLORIDA

<u>l'itle:</u>	Name and Address:
AMBR" = Authorized Member	
MGR" = Manager  AMBA	ANNA C GIGLIA
	21018 TORRE DEL LAGO
	ANNA G. GIGLIO 21018 TORRE DEL LAGO ESTERO, PL. 33928
<del></del>	
	<u> </u>
•	ne date of filing: (OPTIONAL)
ctive date is listed, the date mus	ne date of filing: (OPTIONAL) the specific and cannot be more than five business days prior to or 9
V: Effective date, if other than t	ne date of filing: (OPTIONAL)  t be specific and cannot be more than five business days prior to or 9
V: Effective date, if other than to tive date is listed, the date must filing.)  VI: Other provisions, if any.  EQUIRED SIGNATURE:	be specific and cannot be more than five business days prior to or 9
V: Effective date, if other than to tive date is listed, the date mus filing.)  VI: Other provisions, if any.  EQUIRED SIGNATURE:	be specific and cannot be more than five business days prior to or 9
V: Effective date, if other than to tive date is listed, the date musualing.)  VI: Other provisions, if any.  EQUIRED SIGNATURE:  Signature of	f a member or an authorized representative of a member.
V: Effective date, if other than to tive date is listed, the date mustiling.)  VI: Other provisions, if any.  EQUIRED SIGNATURE:  Signature of the date is listed, the date mustiling.)	f a member or an authorized representative of a member. ection 605.0203 (1) (b), Florida Statutes, the execution of this documentation under the penalties of perjury that the facts stated herein are true.
V: Effective date, if other than to tive date is listed, the date mustilling.)  VI: Other provisions, if any.  EQUIRED SIGNATURE:  Signature of (In accordance with seconstitutes an affirm I am aware that any its signature).	f a member or an authorized representative of a member.

Page 2 of 2

\$ 30.00 Certified Copy (Optional)\$ 5.00 Certificate of Status (Optional)

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ON FEB 25 PH 2: 07