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(Re	equestor's Name)	
(Ad	dress)	
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PICK-UP	WAIT	MAIL
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Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	-
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SISLIY

SECNETARY OF STATE

COVER LETTER

TO: Registration Division of C		÷.p.,	
SUBJECT:	246 S	Coho Q L.L.C. Limited Liability Company	<u> </u>
The enclosed Articles	of Organization and fee(s) are submitted for filing.	
Please return all corres	pondence concerning thi	s matter to the following:	
	Arley H	Name of Person	
	7	Name of Person	
		Firm/Company	
 	7854 F	arliament Ct Address	
		Address	
	Tallahas	see FL 323	509
	()	City/State and Zip Code 99hins & yahso. C 4 sed for future annual report notifica	
	arley. hu	aghins eyahoo.c	om
			ation)
For further information	concerning this matter,	please call:	
1 1	6	605) 691-6178	
Mrley Malen	of Person	Area Code Daytime Te	lephone Number
Enclosed is a check for	the following amount:		
\$125.00 Filing Fee	□\$130.00 Filing Fee & Certificate of Status		□\$160.00 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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:
246 Soho L.L.C. (Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")
(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")
ARTICLE 11 - Address: The mailing address and street address of the principal office of the Limited Liability Company is:
Principal Office Address: Mailing Address:
7854 Parliament Ct Tallahassee, FL 32309 Tallahassee, FL 32309
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)
The name and the Florida street address of the registered agent are: Arley Hugahins Name 7854 Parliament Ct Florida street address (P.O. Box NOT acceptable) Tallahassee FL 32307 City Zip 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 605, F.S.
Registered Agent's dignature (REQUIRED)
(CONTINUED)

Page 1 of 2

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:		
"MGR" = Manager	Arley Hugghins		
	Tallahassee, FL 32309	7	
		<u> </u>	
		_	
		 `	
			
(Use attachment if necessary)			
CLE V: Effective date, if other than the date effective date is listed, the date must be spete of filing.)	of filing: 05-08-2014 of filing: 05-08-2014 ceific and cannot be more than five business days prior to on	r 90 days	s afte
effective date is listed, the date must be spe	of filing: 05-08-4 . (OPTIONAL)	r 90 days	s afte
effective date is listed, the date must be spe te of filing.)	of filing: 05-08-4 . (OPTIONAL)	r 90 days	s afte - -
effective date is listed, the date must be spe te of filing.)	of filing: 05-08-4 . (OPTIONAL)	r 90 days	s afte
effective date is listed, the date must be specie of filing.) CLE VI: Other provisions, if any. REQUIRED SIGNATURE:	of filing: 05-08-4 (OPTIONAL) ecific and cannot be more than five business days prior to on Lea Thegan	r 90 days	s afte
effective date is listed, the date must be specie of filing.) CLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a mere (In accordance with section 600 constitutes an affirmation under	mber of an authorized representative of a member. 5.0203 (1) (b), Florida Statutes, the execution of this document of the penalties of perjury that the facts stated herein are true.		s afte
REQUIRED SIGNATURE: Signature of a mer (In accordance with section 60: constitutes an affirmation under	of filing:		s afte
REQUIRED SIGNATURE: Signature of a mer (In accordance with section 60: constitutes an affirmation under	mber of an authorized representative of a member. 5.0203 (1) (b), Florida Statutes, the execution of this document of the penalties of perjury that the facts stated herein are true, mation submitted in a document to the Department of State		2814
REQUIRED SIGNATURE: Signature of a mer (In accordance with section 605 constitutes an affirmation under I am aware that any false inform constitutes a third degree felony	mber of an authorized representative of a member. 5.0203 (1) (b), Florida Statutes, the execution of this document of the penalties of perjury that the facts stated herein are true. mation submitted in a document to the Department of State y as provided for in s.817.155, F.S.) Typed of printed number of signee Filing Fees:		s afte
REQUIRED SIGNATURE: Signature of a mer (In accordance with section 60: constitutes an affirmation under I am aware that any false inform constitutes a third degree felony \$125.00 Filing Fee for Articles of Org \$ 30.00 Certified Copy (Optional)	mber of an authorized representative of a member. 5.0203 (1) (b), Florida Statutes, the execution of this document of the penalties of perjury that the facts stated herein are true. mation submitted in a document to the Department of State y as provided for in s.817.155, F.S.) Typed of printed name of signee Filing Fees: ganization and Designation of Registered Agent		1102
REQUIRED SIGNATURE: Signature of a mer (In accordance with section 60: constitutes an affirmation under I am aware that any false inform constitutes a third degree felony	mber of an authorized representative of a member. 5.0203 (1) (b), Florida Statutes, the execution of this document of the penalties of perjury that the facts stated herein are true. mation submitted in a document to the Department of State y as provided for in s.817.155, F.S.) Typed of printed name of signee Filing Fees: ganization and Designation of Registered Agent		2014 HAY -