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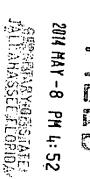
(Requestor's Name)
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(Document Number)
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J. BRUCE

## COVER LETTER

gTO:	Registration Division of	r Section Corporations					
SUBJEC	~T:	254	Soho	L.L.C.			
555470		· · · · · · · · · · · · · · · · · · ·		nited Liability Company		·	
The encl	osed Articles	of Organization	n and fee(s) a	re submitted for filing.			
Please re	turn all corre	espondence con	cerning this m	atter to the following:			
		A	rley	Hugghins			
			1.7	Name of Person			
			,	Firm/Company			
		78	54 F	Parliament C Address	<i>t</i>		
		Talla	hasse	e) FL 323 City/State and Zip Code Thins@yahood of for future annual report no	309		
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		E-mail addre	ss: (to be ase	for future annual report no	tification)		
For furth	er informatio	on concerning th			,		
				05) 691-6178 Area Code Daytim			
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Enclosed	l is a check fo	or the following	amount:			₩ >> -<	Files
□ \$125.00	Filing Fee	□\$130.00 F Certificate	iling Fee & e of Status	Certified Copy (additional copy is enclose	& Certificate of Status & ed) Certified Copy : : : : : : : : : : : : : : : : : : :	-8 PM %: 52	
		iling Address	_	Street/Courier	Address	•	
		istration Sectior ision of Corpor		Registration Sec Division of Corp			
	P.O	, Box 6327		Clifton Building			

Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:
254 Soho L.L.C.  (Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - 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 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 Hugghins  Name
7854 Parliament Ct Florida street address (P.O. Box NOT acceptable)
Tallahassee FL 32309 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
Registered Agent's Signature (REQUIRED)
(CONTINUED)
Page 1 of 2

Title:	Name and Address:
"AMBR" = Authorized Member	name and Address.
"MGR" = Manager	4 1 11 .
<u>MGR</u>	Arley Hugahins
	7851 Alliament of
	Tallahassee, FL 32309
——————————————————————————————————————	
(I les ettechnique if a constant	,
(Use attachment if necessary)	
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ARTICLE IV-