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(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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CORETARY OF STATE

MAY - 7 2014 T CLINE

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: 242 Soho L.L.C. 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:
Acley Hugahins Name of Person
Firm/Company
7854 Parliament Ct Address
Tallahassee, FL 32309 City/State and Zip Code
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:
For further information concerning this matter, please call:
Ca Digital Auto
Name of Parson Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee U\$130.00 Filing Fee & Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of Corporations

P.O. Box 6327 Tallahassee, FL 32314 Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:

The name of the Limited Liability Company is:

(Must end with the words "Limited I	Liability Company, "L.L.C.," or "LL	C.")	-	
ARTICLE II - Address: The mailing address and street address of the principal off	•	ŕ		
Principal Office Address: 7854 Parliament Ct	Mailing Address: 7854 Parliam	ent (<u>C</u> t	
ARTICLE III - Registered Agent, Registered Office, & (The Limited Liability Company cannot serve as its own F another business entity with an active Florida registration	Registered Agent. You must designat	e an indivi	307 - idual or	
The name and the Florida street address of the registered a	agent are:			
Florida street address (P.O. Box) Tallahassee City				•
Having been named as registered agent and to accept serv the place designated in this certificate, I hereby accept capacity. I further agree to comply with the provisions of of my duties, and I am familiar with and accept the obli Chapte	the appointment as registered agent of f all statutes relating to the proper an	and agree i d complete	to act in e perforn	this nance
Registered Agent's Signatu	ure (NEQUIRED)			
(CONTINUE Page 1 of 2	CD)	SEGRETAR) TALLAHASSI	2014 MAY - 8	80°0 844 65°1 888

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	Arley Hugghins 7854 Partiament Ct Tallahassee, FL 32309
(Use attachment if necessary)	
ective date is listed, the date must be spec	of filing: <u>05-08-2014</u> (OPTIONAL) cific and cannot be more than five business days prior to or 90 day
ective date is listed, the date must be spec of filing.)	of filing: <u>05-08-2014</u> .(OPTIONAL) cific and cannot be more than five business days prior to or 90 day
fective date is listed, the date must be spec of filing.)	of filing: $05-08-2014$. (OPTIONAL) cific and cannot be more than five business days prior to or 90 day
REQUIRED SIGNATURE: Signature of a merodial forms and a second a second and a second a second and a second a	abort or analthorized representative of a member. 5.0203 (1) (6), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are true. The penalties of perjury that the facts stated herein are true. The penalties of perjury that the facts stated herein are true. The penalties of perjury that the facts stated herein are true. The penalties of perjury that the facts stated herein are true. The penalties of perjury that the facts stated herein are true. The penalties of perjury that the facts stated herein are true. The penalties of perjury that the facts stated herein are true. The penalties of perjury that the facts stated herein are true. The penalties of perjury that the facts stated herein are true. The penalties of
REQUIRED SIGNATURE: Signature of a mer (In accordance with section 605 constitutes an affirmation under I am aware that any false inform	her or analythorized representative of a member. 5.0203 (1) (b), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are true nation submitted in a document to the Department of State
REQUIRED SIGNATURE: Signature of a mes (In accordance with section 603 constitutes an affirmation under I am aware that any false inform constitutes a third degree felony	nber or analythorized 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 nation submitted in a document to the Department of State vas provided for in s.817.155, F.S.) Level 1.35 Typed or prince name of signee Filing Fees: anization and Designation of Registered Agent