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SECRETARY OF STATE
ALL AHASSEE FLORIDA

COVER LETTER

то:	Registration Division of G	Section Corporations		±*#
SUBJI	ECT:	,	pho L.L.C.	
The en	closed Articles	of Organization and fee(s) a	re submitted for filing.	
Please	return all corre	spondence concerning this m	natter to the following:	
		Arley	Hugghins Name of Person	
			Firm/Company	· · · · · · · · · · · · · · · · · · ·
		78.54	Parliament	C4
		Talla	hasse, FL	32309
_		arley. E-mail address: (to be use	hassee, FL City/State and Zip Code hugahins & Yaha d for faulre annual report notifica	ation)
		n concerning this matter, plea		
Ar	ley Hu	eashins at	Area Code Daytime Te	
•	/ Nat	ne of Person	Area Code Daytime Te	lephone Number
Enclos	ed is a check fo	or the following amount:		
] \$125.0	0 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Ma	iling Åddress	Street/Courier Add	race

Mailing Address
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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:	
250 Sohi	o L.L.C.
(Must end with the words "Limited	d Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal of	office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
7854 Parliament Ct Tallahassee, FL 32309	7854 Parliament Ct Tallahassee, FL 32369
ARTICLE III - Registered Agent, Registered Office, (The Limited Liability Company cannot serve as its own another business entity with an active Florida registration	n Registered Agent. You must designate an individual or
The name and the Florida street address of the registered Arter Hamiltonian Name	d agent are: ugshins Experimental agent are: All agent are:
7854 Par Florida street address (P.O. Bo	ox NOT acceptable)
<u>Tallahassea</u>	e FL 32309 5 5 5
Having been named as registered agent and to accept so	ervice 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 60 f. F.S.

(CONTINUED)

Page 1 of 2

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address: Arley Hugghins 7854 Polisment Ct Tallahassee, FL 32309
(Use attachment if necessary)	
FICLE V: Effective date, if other than the date of	of filing: 05-08-2014 (OPTIONAL)
n effective date is listed, the date must be spec date of filing.)	of filing: <u>05-08-2014</u> . (OPTIONAL) cific and cannot be more than five business days prior to or 90 days after
n effective date is listed, the date must be spec late of filing.)	of filing: 05-08-2014 (OPTIONAL) cific and cannot be more than five business days prior to or 90 days after
REQUIRED SIGNATURE: Signature of a men (In accordance with section 605 constitutes an affirmation under I am aware that any false inform	nher of an authorized representative of a member. 3.0203 (1) (b), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are true.
REQUIRED SIGNATURE: Signature of a men (In accordance with section 605 constitutes an affirmation under I am aware that any false inform	ley The Reserved to the state of the state o