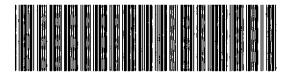
7'

## 15000090419

(Re	equestor's Name)	
(Ac	Idress)	
(Ac	ldress)	
(Cit	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



800272753308

05/15/15--01022--007 \*\*125.00

2015 MAY 15 PH 12: 14

MM 22205

## **COVER LETTER**

	Registration Division of C	Section Corporations					
CHDIEC		ax, LLC.					
SUBJEC	.1:	Name of L	imited Liabi	lity Company	<del></del>		
The encle	osed Articles	of Organization and fee(s)	are submitte	d for filing.	,		
Please re	turn all corres	spondence concerning this	matter to the	following:			
	Thomas N	leclerio					
			Name o	f Person			
	South Flor	rida Box Lacrosse					,
		<del></del>	Firm/C	ompany			
	8920 Edge	ewater Bend			•		
		·	Add	ress			
	Parkland,	FL 33076					
	tneclerio@	gmail.com	City/State a	nd Zip Code	-		
		E-mail address: (to be use	ed for future	annual report notificati	on)	2015	
For further	information	concerning this matter, plea		•	•		
	Thomas No	eclerio	954	873-6823		NRY SSEI	Character of the Control of the Cont
	Na	at ( ame of Person	Area Code	Daytime Telephone	Number	PHI2: I	
Enclosed	is a check for	r the following amount:				35 C	
\$125.00	Filing Fee	\$130.00 Filing Fee & Certificate of Status	Certif	00 Filing Fee & ied Copy nal copy is enclosed)	Certifica Certified	Filing Fee, ate of Status & d Copy l copy is enclos	ed)
	Regi Divi P.O.	ling Address istration Section sion of Corporations Box 6327 ahassee, FL 32314		Street Address Registration Section Division of Corporatio Clifton Building 2661 Executive Cente			

Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

SoFlo Lax, LLC				
(Must end	with the words "Limited	l Liability Com	pany, "L.L.C.," or "LLC.")	
TICLE II - Address: mailing address and street a	ddress of the principal o	ffice of the Lim	ited Liability Company is:	
Princip	al Office Address:		Mailing Address:	
8920 Edgewater Ben	8920 Edgewater Bend, Parkland FL 33076		8920 Edgewater Bend, Parkland, FL 33076	
e Limited Liability Company	cannot serve as its own	Registered Age	Agent's Signature: ent. You must designate an individua	ıl or
RTICLE III - Registered Age to Limited Liability Company other business entity with an action and the Florida street	cannot serve as its own active Florida registration address of the registered	Registered Age on.)		nl or
ne Limited Liability Company other business entity with an a	cannot serve as its own active Florida registration	Registered Age n.) I agent are:		al or TABLEAHA
ne Limited Liability Company other business entity with an a	cannot serve as its own active Florida registration address of the registered Thomas Neclerio	Registered Agen.) I agent are:		TABLAHASS
ne Limited Liability Company other business entity with an a	cannot serve as its own active Florida registration address of the registered Thomas Neclerio 8920 Edgewater Ben	Registered Agen.) I agent are: Name	ent. You must designate an individua	al or TALLAHASSEE F
ne Limited Liability Company other business entity with an a	cannot serve as its own active Florida registration address of the registered Thomas Neclerio	Registered Agen.) I agent are: Name	ent. You must designate an individua	JAELAHASSEE F
ne Limited Liability Company other business entity with an a	cannot serve as its own active Florida registration address of the registered Thomas Neclerio 8920 Edgewater Ben	Registered Agen.) I agent are: Name	ent. You must designate an individua	JALLAHASSE

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 Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

Title: "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager MGR	Thomas Neclerio
- India	8920 Edgewater Bend
	Parkland, FL 33076
MGR	Joe Chiarella
	8920 Edgewater Bend Parkland, Fl 33076
	Par14448, FL 33076
MGR	Anthony LoFurno
	8920 Edgewater Bend
	Parkland, FL 33076
(Use attachment if necessary)	•
ICLE V: Effective date, if other than the dat	te of filing: (OPTIONAL)
	specific and cannot be more than five business days prior to or 90 days
ate of filing.)	promo and summer so more than the business and prior to or young.
: If the date inserted in this block does not	meet the applicable statutory filing requirements, this date will not be li
ocument's effective date on the Departmen	at of State's records.
•	2015
TOT 51 T O. 1	73 T
ICLE VI: Other provisions, if any.	
ICLE VI: Other provisions, if any.	
ICLE VI: Other provisions, if any.	
ICLE VI: Other provisions, if any.	
	( ()
REQUIRED SIGNATURE:	SEE FLO
	( 0
REQUIRED SIGNATURE: Signature of a n	SEE FLO

Typed or printed name of signee

## Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

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

Thomas Neclerio