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SECRETARY OF STATE

JUN 0 8 2015 W PAINTER

COVER LETTER

TO:

	Registration Solvision of Co				
SUBJECT	SouINRG	, LLC			
505050		Name of Li	mited Liability	Company	
The enclos	sed Articles o	f Organization and fee(s) a	re submitted fo	or filing.	
Please retu	ırn all corresp	oondence concerning this m	natter to the fol	lowing:	
	Elizabeth D)'Jamoos			
			Name of P	erson	
	SoulNRG,	LLC			
			Firm/Com	pany	
	5730 Marin	nin Drive			
			Addres	S	
	Bonita Spri	ings, FL 34134			
	info@soulnr		City/State and	Zip Code	
	into@south	E-mail address: (to be use	d for future an	nual report notificati	ion)
For further i	information c	oncerning this matter, pleas	se call:		
	Elizabeth D	Jamoos 2 at (239	405-7211	
	Nar	me of Person	Area Code	Daytime Telephon	e Number .
Enclosed i	s a check for	the following amount:			
\$125.00 F	iling Fee	\$130.00 Filing Fee & Certificate of Status	Certified	Filing Fee & Copy copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
		ng Address tration Section		treet Address egistration Section	
	Divis	ion of Corporations Box 6327	D	ivision of Corporati lifton Building	ons

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

SoulNRG, LLC				
(Must end with	the words "Limited	l Liability Com	pany, "L.L.C.," or "LLC.")	
CLE II - Address:				
iling address and street addre	ss of the principal o	ffice of the Lin	nited Liability Company is:	
Principal O	ffice Address:		Mailing Addres	<u>ss</u> :
5730 Marimin Drive			5730 Marimin Drive	
Bonita Springs, FL 3413	4		Bonita Springs, FL 34134	
imited Liability Company can	not serve as its own	Registered Ag		vidual
mited Liability Company can business entity with an activ	not serve as its own e Florida registratio	Registered Ag	Agent's Signature:	vidual
mited Liability Company can business entity with an activ me and the Florida street addr	not serve as its own re Florida registration ress of the registered	Registered Ag	Agent's Signature:	vidual
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business entity with an active me and the Florida street address.	not serve as its own re Florida registration ress of the registered Elizabeth D'Jamoos	Registered Ag on.) I agent are: Name	Agent's Signature: ent. You must designate an indiv	vidual
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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)

Page 1 of 2

(CONTINUED)

SECRETARY OF STATE

ART	ICI	LE I	V-
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The name and address of each person authorized to manage and control the Limited Liability Company:

Title:	. 1	Name and Address:		
"AMBR" = Authorized M	ember			
"MGR" = Manager MGR		Elizabeth D'Jamoos		
MOK		5730 Marimin Drive		-
		Bonita Springs, FL 34134		-
		Bonta Springs, 1 E 34134		-
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