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COVER LETTER

	egistration Section ivision of Corporations		
SUBJECT	SOAHC PROPERTY MANAGEM	MENT, LLC	
SUBJECT		Limited Liabilit	ty Company
The enclos	ed Articles of Organization and fee(s)	are submitted t	for filing.
Please retu	rn all correspondence concerning this	matter to the fo	ollowing:
	Alisa D. Wilkes, Esq.		
		Name of I	Person
	Wilkes & Mee, PLLC		
		Firm/Con	npany
	13400 Sutton Park Dr. S. Suite 1204		
		Addre	SS
	Jacksonville, FL 32224		
	alisa@wilkesmee.com	City/State and	Zip Code
•	E-mail address: (to be us	ed for future ar	nnual report notification)
For further i	nformation concerning this matter, ple	ase call:	
	Alisa D. Wilkes, Esq.	904	620-9545
	Name of Person	Area Code	Daytime Telephone Number
Enclosed is	s a check for the following amount:		
\$125.00 F	siling Fee \$130.00 Filing Fee & Certificate of Status	Certifie	D Filing Fee & S160.00 Filing Fee, d Copy Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	î 1 (Street Address New Filing 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:	
	MANAGEMENT, LLC	ility Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:		of the Limited Liability Company is:
<u>Principal</u>	Office Address:	Mailing Address:
14286 Beach Blvd., Su	ite 19-210	14286 Beach Blvd., Suite 19-210
Jacksonville, FL 32250		Jacksonville, FL 32250
ARTICLE III - Registered Agen (The Limited Liability Company canother business entity with an act	nnot serve as its own Regis	gistered Agent's Signature: stered Agent. You must designate an individual or
The name and the Florida street ad	dress of the registered agen	t are:
	Wilkes & Mee, PLLC	
	Nan	ne
•	13400 Sutton Park Dr. S. S	Suite 1204
	Florida street address (P.C	D. Box NOT acceptable)

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.

State

Jacksonville

City

Registered Agent's Signature (REQUIRED)

32224

Zip

(CONTINUED)

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Title: "AMBR" = Auth	orized Member	Name and Address:
"MGR" = Manag		
MGR		Imbali Trust
		14286 Beach Blvd., 19-210
		Jacksonville, FL 32250
		
·		
		-
EV: Effective da	ate, if other than the date of	filing: 7/13/16 (OPTIONAL) To and cannot be more than five business days prior to or 9
ective date is lister of filing.) If the date inserted ment's effective of	ate, if other than the date of sed, the date must be specifing this block does not meet date on the Department of S	ic and cannot be more than five business days prior to or 9 t the applicable statutory filing requirements, this date will no
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