11000161971

(Requestor's Name)		
(Ad	ldress)	
(Ad	ldress)	
, (Cit	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to Filing Officer:		

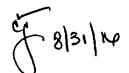
Office Use Only



700289682317

16 AUS 30 M12:09

16 AUG 30 PH 4: 31



FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302 155 Office Plaza Dr Ste A Tallahassee FL 32301 PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE:

8/30/16

NAME:

MR SOLDOUT LLCQ

TYPE OF FILING: ARTICLES

COST:

125.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

ARTICLES OF ORGANIZATION FOR A FLORIDA LIMITED LIABILITY COMPANY

FILED

16 AUG 30 FT 12: 09

ARTICLE I: NAME

The name of the Limited Liability Company is:

Mr Soldout LLC

ARTICLE II: Address

The mailing address and street address of the principal office of the Limited Liability Company is:

3300 NE 192nd Street Apt 317

Aventura, FL 33180

ARTICLE III: REGISTERED AGENT, REGISTERED OFFICE & REGISTERED AGENT SIGNATURE

The name and the Florida street address of the registered agent are:

Rafael Pina

X

3300 NE 192nd Street Apt 317

Aventura, FL 33180

Having been named as registered agent 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.

RafaellPina / Registered Agent's Signature

PAGE 2

Mr Soldout LLC

ARTICLE IV: The name and address of each person authorized to manage and control the Limited Liability Company.

AMBR:

Rafael Pina

3300 NE 192nd Street Apt 317

Aventura, FL 33180

ARTICLE V: ANY OTHER PROVISION OR PURPOSE OF THE LIMITED LIABILITY COMPANY

Rafael Pina

X

Signature of a member or an authorized representative of a member

(In accordance with section 605.0203 (1)(b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)