

Division of Corporations

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**U7000054905**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850) 617-6381

From:

Account Name : BELOFF LAW, P.A.  
Account Number : I20080000060  
Phone : (305) 673-1101  
Fax Number : (305) 673-5505

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: SHERRY@BELOFFLAW.COM

REC-17 MAR 10 AM 9:34

BUREAU OF CORPORATE INFORMATION SERVICES

**FLORIDA LIMITED LIABILITY CO.  
SUDSIES 6100, LLC**

Certificate of Status	1
Certified Copy	1
Page Count	03
Estimated Charge	\$160.00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

17 MAR 10 AM 7:34

FILED

(10-0504-01)

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**ARTICLES OF ORGANIZATION  
FOR  
SUDSIES 6100, LLC,  
a Florida limited liability company**

The undersigned, desiring to form a limited liability company for the purposes set forth herein and in conformance with the Florida Limited Liability Company Act, does hereby establish the following:

**ARTICLE I- NAME:**

The name of the limited liability company is: **SUDSIES 6100, LLC.**

**ARTICLE II- ADDRESS:**

The address of its principal place of business, as well as the mailing address for this limited liability company is: **SUDSIES 6100, LLC, c/o Jason Loeb, 1377 97<sup>th</sup> Street, Bay Harbor Islands, 33154**

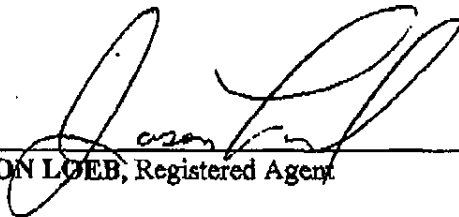
**ARTICLES III- REGISTERED AGENT, REGISTERED OFFICE & REGISTERED AGENT'S SIGNATURE**

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

Jason Loeb  
1377 97<sup>th</sup> Street,  
Bay Harbor Islands, 33154

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SECRETARY OF STATE  
ALLAHASSEE, FLORIDA

Having been named as registered agent and to accept service of process for the above state 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.

  
\_\_\_\_\_  
JASON LOEB, Registered Agent

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ARTICLE IV

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

TITLE:

NAME AND ADDRESS:

MANAGER/MEMBER

Jason Loeb  
1377 97<sup>th</sup> street,  
Bay Harbor Islands, 33154

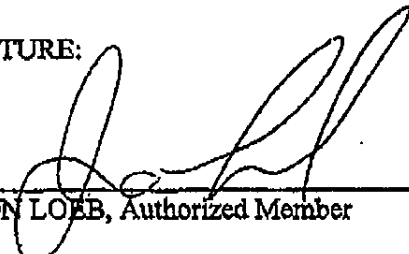
MANAGER/MEMBER

Jorge Baboun  
16429 NE 30th Ave  
North Miami Beach, 33160

ARTICLE -V - Effective Date, if other than the date of filing: 2/16/2017 (Optional)

ARTICLE- VI- The Company will be a Manager Managed Company.

REQUIRED SIGNATURE:

  
\_\_\_\_\_  
JASON LOEB, Authorized Member

*(In accordance with Section 605.0203 (1)(b), Florida Statute, 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 2817.135, F.S.)*

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**COVER LETTER**

**TO: REGISTRATION SECTION  
DIVISION OF CORPORATION**

**SUBJECT: NEW FILING**

**The enclosed Articles of Organization and Fees(s) are submitted for filing.**

**Please return all correspondence concerning this matter to the following:**

**Jonathan D. Beloff, Esq.  
1691 Michigan Avenue  
Suite 360  
Miami Beach, Florida 33139  
Telephone: 305-673-1101**

**Email Address: [jdb@belofflaw.com](mailto:jdb@belofflaw.com)**

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