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(((H18000172403 3)))



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Account Name : LEGALINC CORPORATE SERVICES INC.

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#### FLORIDA LIMITED LIABILITY CO.

### SoKing, LLC

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# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

#### ARTICLE I - NAME OF LIMITED LIABILITY COMPANY

THE NAME OF THE LIMITED LIABILITY COMPANY IS:

SoKing, LLC

#### ARTICLE II - ADDRESS OF LIMITED LIABILITY COMPANY

THE PRINCIPAL PLACE OF BUSINESS AND MAILING ADDRESS OF THE LIMITED LIABILITY COMPANY IS:

14391 Spring Hill Drive, Suite 292 Spring Hill, Florida 34609

#### ARTICLE III - REGISTERED AGENT AND OFFICE

THE NAME OF THE REGISTERED AGENT AND THE STREET ADDRESS OF THE REGISTERED OFFICE OF THE LIMITED LIABILITY COMPANY IS:

Michael J. Kierzynski 5143 Commercial Way Spring Hill, Florida 34606

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 805, FLORIDA STATUTES.

DATED: 1 615118 X MICHAEL J. KIERZYNSKI

(((H18000172403 3)))

To: 18506176381 From: 12143052508 Date: 06/07/18 Time: 11:11 AM Page: 03/03

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## ARTICLE IV - MANAGEMENT

THE NAME AND ADDRESS OF EACH MANAGER OR MANAGING MEMBER IS

MANAGER/MEMBER:

Stephanie S. Adams

14391 Spring Hill Drive, Suite 292

Spring IIII, Florida 34609

DATED: 65/18

STEPHANIE S. ADAMS

IN ACCORDANCE WITH SECTION 605.0203(1)(b), FLORIDA STATUTES, THE EXECUTION OF THIS DOCUMENT CONSTITUTES AN AFFIRMATION UNDER PENALTIES OF PERJURY THAT THE FACTS STATED HEREIN ARE TRUE.

(((H18000172403 3)))