

L190000145943

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

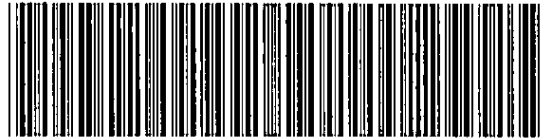
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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Office Use Only



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05/29/19--01004--007 \*\*125.00

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MAY 28 2019

FILED  
19 MAY 29 PM 5:30  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

COVER LETTER

TO: New Filing Section  
Division of Corporations

SUBJECT: Sosette, LLC.  
Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

Bill Antar  
Name of Person

Cape Coral Tax &  
Accounting Services, LLC.  
3306 Del Prado Blvd. South  
Cape Coral, FL 33904

BillAntar@Capetaxes.com  
City/State and Zip Code  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Bill Antar at (239) 540-7500  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- ☒ \$125.00 Filing Fee  
☐ \$130.00 Filing Fee & Certificate of Status  
☐ \$155.00 Filing Fee & Certified Copy  
(additional copy is enclosed)  
☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy  
(additional copy is enclosed)

**Mailing Address**  
New Filing Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**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:

SOSETTE, LLC.  
2722 BRIGHTSIDE CT  
CAPE CORAL, FL 33991

**ARTICLE II - Address:**

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

SOSETTE, LLC.  
2722 BRIGHTSIDE CT  
CAPE CORAL, FL 33991

**Principal Office Address: Mailing Address:**

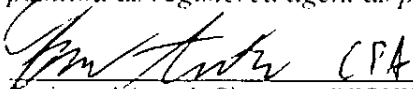
2722 BRIGHTSIDE CT  
CAPE CORAL, FL 33991

**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's  
Signature:**

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

BILL ANTAR, CPA  
CAPE CORAL TAX & ACCOUNTING SERVICES, LLC  
3306 DEL PRADO BLVD. S.  
CAPE CORAL, FL 33904

*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..*

 CPA  
\_\_\_\_\_  
Registered Agent's Signature (REQUIRED)

19 MAY 29 PM 5:38  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

(CONTINUED)

Page 1 of 2.

The name and address of each Manager or Managing Member is as follows:

KEHRIN N. HASSAN  
(Managing Member)  
1708 PARK MEADOWS DR  
APT 3  
FT MYERS, FL 33907

**REQUIRED SIGNATURE:**

(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.)

Page 2 of 2

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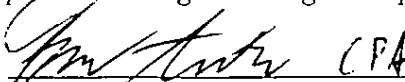
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 CPA  
\_\_\_\_\_  
Registered Agent's Signature (REQUIRED)

**ARTICLE IV- Manager(s) or Managing Member(s):**

The name and address of each Manager or Managing Member is as follows:

STACY SULLIVAN  
(Managing Member)  
SO SETT, LLC.  
2722 BRIGHTSIDE CT  
CAPE CORAL, FL 33991

KEHRIN N. HASSAN  
(Managing Member)  
1708 PARK MEADOWS DR  
APT 3  
FT MYERS, FL 33907

**ARTICLE V: Effective date, if other than the date of filing:**

This LLC shall have perpetual existence, commencing upon the date of filing of these articles with the Florida Department of State.

**REQUIRED SIGNATURE:**

X Smullin                      X Date: 5/23/19  
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.)

X Stacy Sullivan  
Typed or printed name of signee