

7/23/2019

Division of Corporations

Florida Department of State
Division of Corporations
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To:

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

From:

Account Name : MENDEZ ACCOUNTAX SERVICES, CORP
Account Number : I20060000145
Phone : (305)769-4936
Fax Number : (305)769-1844

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

Email Address: _____

FLORIDA LIMITED LIABILITY CO.
SHOE SUPPLY, LLC

| | |
|-----------------------|----------|
| Certificate of Status | 0 |
| Certified Copy | 0 |
| Page Count | 01 |
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JUL 23 2019

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**ARTICLE I- Name:**

The name of the Limited Liability Company is:

SHOE SUPPLY, LLC

ARTICLE II- Address:

The mailing address and street address of the principal office of the Limited Liability Company is: **5825 SW 21 ST, WEST PARK, FL 33023**

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

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

**GENARO SOCARRAS
11560 S QUAYSIDE DR
COOPER CITY, FL 33026**

Having been named as registered agent and to accept service of process for the above stated Limited Liability Company at 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.

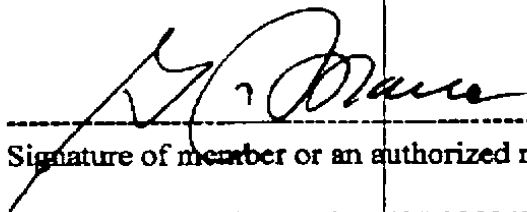


Registered Agent's Signature

2019 JUL 23 AM 10:39
FILED

ARTICLE IV:

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

Title:**Name and Address:****AMBR****GENARO SOCARRAS
11560 S QUAYSIDE DR
COOPER CITY, FL 33026****AMBR****ERIC SOCARRAS
730 NW 91 AVE
PEMBROKE PINES, FL 33024**

Signature of 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.)

GENARO SOCARRAS

Typed or printed name of signee.