

Florida Department of State

Division of Corporations
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Division of Corporations
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FLORIDA LIMITED LIABILITY CO.
SOBE ENTERPRISES GROUP LLC

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

2020 JAN 21 PM 4:13
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RECEIVED
DIVISION OF CORPORATIONS
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ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I - Name:
The name of the Limited Liability Company is:

SOBE ENTERPRISES GROUP LLC

ARTICLE II - Address:
The mailing address and street address of the principal office of the Limited Liability Company is:

9600 NW 25th STREET # Suite 2E
DORAL FL 33172

ARTICLE III - Registered Agent, Registered Office:
The name and the Florida street address of the registered agent are: *(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)*

ALEXANDRA ALVARADO

16058 SW 136 WAY

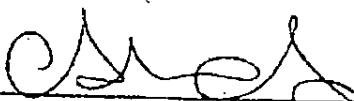
Miami FL 33196

ARTICLE IV
The name and title of each person authorized to manage and control the Limited Liability Company: (MGR or AMBR)

Alexandra Alvarado AMBR

Required Signatures:

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.

Alexandra Alvarado**Typed or printed name of signee**

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..

X

**Registered Agent's Signature (REQUIRED)**