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| (Requestor's Name)                      |
|---|
| (Address)                               |
| (Address)                               |
|   |
| (City/State/Zip/Phone #)                |
| PICK-UP WAIT MAIL                       |
| (Business Entity Name)                  |
| (Document Number)                       |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
| W20-61434                               |

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2020 JUN 19 PM 2: 11
TO BE ISECRETARY OF STATE
VALLAHASSEE, FL

N CULLIC

# (850) 524-5437 (850) 524-6243 (OFFICE USE ONLY) Corporation Name & Document Number, (if known): SOD Elite LLC Corporation Name Document # X Walk in Pick up time Mail out Will wait Certified Copy Photocopy Certificate of Status **NEW FILINGS AMENDMENTS** Profit \_ Amendment Not for Profit Resignation of R.A. Officer/Director \_\_ Limited Liability Change of Registered Agent Domestication Dissolution/Withdrawal Other Merger **OTHER FILINGS** REGISTRATION/OUALIFICATIONS Annual Report Foreign Limited Partnership Fictitious Name Reinstatement Trademark APOSTIL Other **COUNTRY**

EXAMINER'S INITIALS:

FLORIDA CAPITAL COURIER SERVICES, INC

2330 CLARE DRIVE

TALLAHASSEE, FL 32309

## **COVER LETTER**

| то:             | New Filing Sec<br>Division of Co  |   |                  |  |  |  |
|-----------------|-----------------------------------|---|------------------|--|--|--|
| SUBJE           |                                   | lite LLC                                  |                  |  |  |  |
| 3020            | Name of Limited Liability Company |   |                  |  |  |  |
| The enci        | losed Articles of                 | Organization and fee                      | e(s) are submit  | ted for filing.  |  |  |
| Please n        | eturn all correspo                | ondence concerning t                      | his matter to th | ne following:  |  |  |
|                 | Denise Hov                        | ve-Brooks                                 |                  |  |  |  |
|                 |                                   |   | Name             | of Person  |  |  |
|                 | SOD Elite L                       | LC  |                  |  |  |  |
|                 | -                                 |   | Firm/            | Company  |  |  |
|                 | 4440 PGA                          | Boulevard, Suite 60                       | 00               |  |  |  |
|                 |                                   |   | Ad               | ddress   |  |  |
|                 | Palm Beacl                        | n Gardens, FL, 334                        | 10               |  |  |  |
|                 | otherdocsfor                      | us@gmail.com                              | City/State       | and Zip Code   |  |  |
|                 |                                   | E-mail address: (to be                    | used for futur   | re annual report notificat                               | ion)   |  |
| For furthe      | r information co                  | ncerning this matter,                     | please call:     |  |  |  |
|                 | Lura Barua                        |   | 888<br>at (      | 650-3738   |  |  |
|                 | Nam                               | e of Person                               | Area Code        | Daytime Telephor   | ne Number  |  |
| Enclosed        | d is a check for t                | he following amount                       | :                |  |  |  |
| <b>■\$</b> 125. | 00 Filing Fee                     | □\$130,00 Filing  <br>Certificate of Stat | us Cer           | 155,00 Filing Fee & tified Copy formal copy is enclosed) | ☐\$160.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed) |  |
|                 |                                   | g Address                                 |                  | Street Address   |  |  |
|                 |                                   | iling Section<br>on of Corporations       |                  | New Filing Section D The Centre of Tallah                |  |  |
|                 |                                   | ox 6327<br>assee, FL 32314                |                  | 2415 N. Monroe Stre<br>Tallahassee, FL 3230              |  |  |



June 18, 2020

FLORIDA CAPITAL COURIER SERVICES

SUBJECT: SOD ELITE LLC Ref. Number: W20000061934

We have received your document for SOD ELITE LLC and your check(s) totaling \$275.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The background of the registered agents signature is covering the acceptance statement. Please remove the background.,

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Letter Number: 320A00012062

KYLE D BRUMBLEY Regulatory Specialist II

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

FILED

**ARTICLE 1 - Name:** 

The name of the Limited Linbility Company is:

2020 JUN 19 PM 2: 11

SECRETARY OF STATE TALLAHASSEE, FL

| SOD |  |  |
|-----|--|--|
|     |  |  |
|     |  |  |

(Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")

## ARTICLE II - Address:

| <u>Pri</u>                  | ncipal Office Address:                                |               | Mailing Address:              |  |
|-----------------------------|---|---------------|-------------------------------|--|
| 4440 PGA Bouleva            | rd, Suite 600   | 4440          | 4440 PGA Boulevard, Suite 600 |  |
| Palm Beach Garde            | Palm Beach Gardens, FL, 33410                         |               | Palm Beach Gardens, FL, 33410 |  |
| •                           | h an active Florida registrati                        |               |                               |  |
| the name and the Florida st | rect address of the registere  Corporation Service Co | J             |                               |  |
| he name and the Florida st  | ū   | J             | <del></del>                   |  |
| he name and the Florida st  | ū   | mpany         |                               |  |
| he name and the Florida st  | Corporation Service Co                                | mpany         | cceptable)                    |  |
| he name and the Florida st  | Corporation Service Co                                | mpany<br>Name | cceptable)                    |  |

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..



(CONTINUED)

as

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

| Title:   | Name and Address:   |                    |
|--|---|--------------------|
| "AMBR" = Authoriz<br>"MGR" = Manager   | Member  |                    |
| wick - wanager   |   |                    |
| MGR  | Denise Howe-Brooks  |                    |
|  | 4440 PGA Boulevard, Suite 600 Palm Beach Gardens, FL, 33410   | r <sub>e</sub> s   |
|  | Paint Beach Gardens, FL, 33410  | 11:5 PM 61 NOF 335 |
|  |   | <u></u>            |
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|  |   |                    |
| n effective date is listed, (<br>late of filing.)<br><u>e:</u> If the date inserted in t | ther than the date of filing:   | •                  |
|  |   |                    |
| REQUIRED SIGNA   | URE:  |                    |
| _  | KruaBarua   |                    |
| l am   | ignature of a member or an authorized representative of a member, current is executed in accordance with section 605,0203 (1) (b). Florida Statutes, are that any false information submitted in a document to the Department of State ites a third degree felony as provided for in s.817,155, F.S.  |                    |
|  |   |                    |
|  | ura Barus   |                    |
|  | Typed or printed name of signee   |                    |

## Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)