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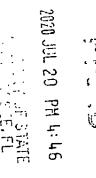
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KALANDER & SHAW, LTD.

ATTORNEYS AT LAW

JONATHAN V. KALANDER*
CHERYL L. SHAW*
JUDITH A. JAMIESON
EVERETT A. PETRONIO, JR.
BETH A. DRURY-TANOUS*
DAMIAN NASH* ☆ ❖□

*ALSO ADMITTED IN MASSACHUSET IN

WAI SO ADMITTED IN NEW YORK

A I SO ADMITTED IN FLORIDA

D ALSO ADMITTED IN CONNECTICUT

July 15, 2020

VIA CERTIFIED MAIL, R.R.R.

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

Re: SO IT GOES, LLC

Dear Sir/Madam:

Enclosed are the following:

- 1. Cover Letter for new filing;
- 2. Articles of Organization for Florida LLC:
- 3. Check for \$160.00 payable to Florida Department of State.

Please direct all correspondence concerning this matter to Damian Nash. Esq. at this office.

Very truly yours,

Connie M. M. Clarg

Paralegal

:emm Enclosures

COVER LETTER

	iew Filing Se Division of Co					
SUBJECT	SO IT GO	ES, LLC				
		Nam	e of Limited Liz	ibility Company		
The enclos	sed Articles of	Organization and f	ee(s) are submit	ted for filing.		
Please retu	ırn all correspo	ondence concerning	; this matter to tl	ne following:		
	Damian Nas	sh, Esq.				
		. <u>-</u>	Name	of Person	 -	
	Kalander &	Shaw, Ltd.				
		<u>-</u>	Firm/	Company		
	931 Jefferso	n Blvd. Suite 2004				
			Ac	ldress		
	Warwick, RI	02886				
	dnash@kalan	derlaw com	City/State	and Zip Code	-	
-			oe used for futur	e annual report notificat	ion)	
For further in	nformation co	ncerning this matter	. please call:	·	·	
	Damian Nash	ı, Esq.	401 at (737-9720		
•	Name	e of Person	Area Code	Daytime Telephor	ne Number	
Enclosed is	a check for th	ne following amoun	t :		į. Parti	2020 JUI
□\$125.00	Filing Fee	□\$130.00 Filing Certificate of Sta	tus Cert	155.00 Filing Fee & ified Copy onal copy is enclosed)	S160.00 Filin Certificate of Si Certified Copy (additional copy is	g livo.
	New Fi Divisio P.O. Bo	g Address ling Section n of Corporations ox 6327 ssee, FL 32314		Street Address New Filing Section D The Centre of Tallaha 2415 N. Monroe Stre Tallahassee, FL 3230	issee et, Suite 810	+ 6

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability	y Company is:				
SO IT GOES, LLC					
(Must cona	tin the words "Limited	Liability Compan	y, "L.L.C.," or "LLC.")		
ARTICLE II - Address: The mailing address and street ac	ldress of the principal o	office of the Limit	ed Liability Company is:		
Principa	al Office Address:		Mailing Address:		
928 McCormick Roa Mechanicsburg, PA 1		92	o Gilbert Brock Montgomery, Manager 28 McCormick Road echanicsburg, PA 17055		
ARTICLE III - Registered Age (The Limited Liability Company another business entity with an a	cannot serve as its owr	Registered Agen	gent's Signature: t. You must designate an individual or		
The name and the Florida street a	ddress of the registere	d agent are:			
	Margaret C. Montgo	mery			
		Name	· · · · · ·		
	2160 N Maiden Lan	e			
	Florida street addres	ss (P.O. Box <u>NO</u> T	acceptable)		
	Vero Beach	FL	32963		
	City	State	Zip		

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)

Margaret C. Mattyonery – Registered Agent's Signature (REQURED)

2020 JUL 20 PH 4: 46

· · · · ARTICLE IV-

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

AMBR* = Authorized Member **MGR* = Manager* MGR			Name and Address:	
MGR Gilbert Brock Montgomery 928 McCormick Road Mechanicsburg, PA 17035 MGR R. Bruce Montgomery, Jr. 126 Beacon Hill Place Lynchburg, VA 24503 (Use attachment if necessary) E.V: Effective date, if other than the date of filing: Eobruary — 2020 Mine Late. (OPTIONAL) feetive date is listed, the date must be specific and cannot be more than five business days prior to or 90 day of filing.) fit date inserted in this block does not meet the applicable statutory filing requirements, this date will not be lument's effective date on the Department of State's records. E.VI: Other provisions, if any. REOUIRED SIGNATURE: **REOUIRED** Signafure of a member or an authorized regresentative of a member. This document is executed in accordance with section 605,0203 (1) (b). Florida Statutes, 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. Margaret C. Montgomery, Executrix Typed or printed name of signee Filing Fees: \$ 30.00 Certified Copy (Optional)				
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