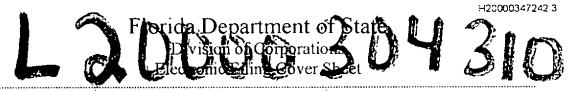
10/6/2020

Division of Corporations



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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : CORPORATION SERVICE COMPANY

Account Number : I20000000195 Phone : (850)521-0821 Fax Number : (850)558-1515

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

Email Address:
EMALL AUGI ESS.

FLORIDA LIMITED LIABILITY CO. SOLE SOCIAL, LLC

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ARTICLESOFO	RGANIZATION FOR	FLORIDA LIMITED	LIABILITY COMPANY
ARTICLE I - Name: The name of the Limited Liability	Company is:		
SOLE Social, LLC (Must contai	n the words "Limited	Liability Company,	"L,L,C.," or "LLC.")
ARTICLE II - Address: The mailing address and street add	tress of the principal o	office of the Limited	Liability Company is:
<u>Principal</u>	Office Address:		Mailing Address:
17539 Fieldbrook Circ Boca Raton FL 33490		<u>Sam</u>	e
ARTICLE III - Registered Agen (The Limited Liability Company c another business entity with an ac	annot serve as its own	Registered Agent.	nt's Signature: You must designate an individual or
The name and the Florida street ad	ldress of the registered	d agent are:	
	Bruce D. Green		
		Name	
	1313 South Andrews	s Avenue	
	Florida street addres	s (P.O. Box <u>NOT</u> a	cceptable)
	Fort Lauderdale, FL	3331)	
	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..

/s/ Bruce D Green
 Registered Agent's Signature (REQUIRED)
(CONTINUED)

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

<u>Title:</u>	Name and Address:		
"AMBR" = Authorized N	Member		
"MGR" = Manager			
AMBR	Katherine Ceravolo		
<u> Annon</u>	17539 Fieldbrook Circle, E		_
	Boca Raton FL 33496		_
			-
AMBR	Nicole Ceravolo	2.10.6	-
	17539 Fieldbrook Circle, E. Boca Raton Fl. 3	3490	-
			-
MGR	Katherine Ceravolo	2426	-
	17539 Fieldbrook Circle, E. Boca Raton Fl. 3	3496	-
			_
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