Florida Department of State



(shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000000019

Phone : (305)552-5973

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

- 17	Address:			
rmall.	Address.			

FLORIDA LIMITED LIABILITY CO. SOG INVESTMENTS LLC

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited I. 1 at
The name of the Limited Liability Company is:
SOG Investments LLC
ARTICLE II - Address:
The mailing address and street all
The mailing address and street address of the principal office of the Limited Liability
3031 Center St, Miami, Fl., 38133
ARTICLE III - Registered Agent, Registered Office: The name and the Florida street address of the registered agent are: (The Limitea Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.) Shawn Comman - 4300 SW 113th Avenue Midmi, Fl. 33165
ARTICLE IV
The name and title of and
Liability Company: (MGR or AMBR)
Shave No.
STIQUIT UDSIMAN (AMBR)
9F 32

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.

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 herely 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 fine Chapter 605, F.S..

Registered Agent's Signature (REQUIRED)