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Florida Department of State  
 Division of Corporations  
 Electronic Filing Cover Sheet

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FLORIDA LIMITED LIABILITY CO.  
 SOHA COMMERCE GROUP LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

2022 OCT 13 PM 12:19

22 OCT 13 PM 12:35  
 FLORIDA  
 DEPARTMENT OF STATE  
 DIVISION OF CORPORATIONS

Electronic Filing Menu

Corporate Filing Menu

Help

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

SOHA COMMERCE GROUP LLC

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

## ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:Mailing Address:

11485 NW 71 ST

DORAL, FL 33178

SAME

## ARTICLE III - Registered Agent, Registered Office, &amp; Registered Agent's Signature:

(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.)

The name and the Florida street address of the registered agent are:

ELIAS RIMA NASSIFF

Name

11485 NW 71 ST

Florida street address (P.O. Box **NOT** acceptable)

DORAL

FL

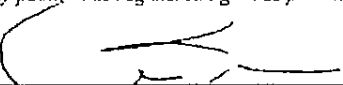
33178

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.*

  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

22 OCT 13 PM 12:35  
FLORIDA SECRETARY OF STATE

**ARTICLE IV-**

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

**Title:****Name and Address:**

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

ELIAS RIMA NASSIFF

11485 NW 71 ST

DORAL, FL 33178

AMBR

LINA FOUAD LEBBOS

11485 NW 71 ST

DORAL, FL 33178

AMBR

CRISTIAN RIMA LEBBOS

11485 NW 71 ST

DORAL, FL 33178

AMBR

ELIAS RIMA LEBBOS

11485 NW 71 ST

DORAL, FL 33178

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

**ARTICLE VI:** Other provisions, if any.

**REQUIRED SIGNATURE:**

Signature of a member or an authorized representative 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.

ELIAS RIMA NASSIFF

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)

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TALLAHASSEE, FLORIDA  
STATE DEPARTMENT OF REVENUE