Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : MRP BY WESTON INC

Account Number : I20220000089 Phone : (954)655-8412 Fax Number : (954)655-8412

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

F 4 1	Address:			
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FLORIDA LIMITED LIABILITY CO. SONAR INNOVATIONS LLC

Certificate of Status	0
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Page Count	01
Estimated Charge	\$125.00

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Help

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COVER LETTER

	New Fiting Section Division of Corporations	
SUBJEC.	SONAR INNOVATIONS LLC	
STBITA.		Limited Liability Company
The enclo	sed Articles of Organization and fee(s	s) are submitted for filing.
Please reu	ım all correspondence concerning thi	s matter to the following:
	DICKINSON JAIME R.	
		Name of Person
		Firm/Company
	4990 SW 80 STREET	<u>.</u>
		Address
	MIAMI, FL 33143	,
	MELVASL@HOTMAIL.COM	City/State and Zip Code
•	E-mail address: (to be u	sed for future annual report notification)
For further i	nformation concerning this matter, plo	ease call:
	MELVA SANCHEZ	954 655-8412
	Name of Person	Area Code Daytime Telephone Number
Enclosed is	a check for the following amount:	
\$125.00 Fi	ling Fee \$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & \$160.00 Filing Fee, Certified Copy (additional copy is enclosed) \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle

H22000)435577

Tallahassee, FL 32301

1 >> 850-617-6381 H220003455573

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

RTICLE II - Address:	contain the words "Limited Liab	rility Company "I	
RTICLE II - Address: he mailing address and stree		miny Company, 1	L.L.C.," or "LLC.")
	et address of the principal office	of the Limited L	iability Company is:
<u>Prìn</u>	cipal Office Address:		Mailing Address:
4990 SW 80 STR	REET	4990 5	SW 80 STREET
MIAMI, FL 3314			M, FL 33143
ne Limited Liability Compother business entity with	an active Florida registration.) eet address of the registered age	gistered Agent, Yo	's Signature: ou must designate an individual or
ne Limited Liability Compother business entity with	eany cannot scree as its own Reg an active Florida registration.) eet address of the registered age DICKINSON JAIME R.	gistered Agent, Yo	
he Limited Liability Compother business entity with	eany cannot serve as its own Reg an active Florida registration.) eet address of the registered age DICKINSON JAIME R. Na	gistered Agent, Yo	
the Limited Liability Composition business entity with	eany cannot scree as its own Reg an active Florida registration.) eet address of the registered age DICKINSON JAIME R.	gistered Agent, Yo	ou must designate an Individual or
he Limited Liability Composition business entity with	eany cannot serve as its own Regan active Florida registration.) eet address of the registered age DICKINSONJAIME R. No. 4990 SW 80 STREET	gistered Agent, Yo	ou must designate an Individual or

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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À	RI	Πı	$^{\circ}$	F	IV-

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

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager AMBR	DICKINSON, JAIME R.
AMBK	4990 SW 80 STREET
	MIAMI, FL 33143
	MITATO, 1 C 33143
AMBR	BERNAL LEÓN PRADÓ, MARIANA
	4990 SW 80 STREET
	MIAMI, FL 33143
4.1480	DAVIDEL COLAB CLIEFORD M
AMBR	DAY DEL SOLAR, CLIFFORD M.
	4990 SW 80 STREET
	MIAMI, FL 33143
(Use attachment if necessary) FIGLE V: Effective date, if other than the	
FICLE V: Effective date, if other than the neffective date is listed, the date must date of filing.) e: If the date inserted in this block does	be specific and cannot be more than five business days prior to or 90 days not meet the applicable statutory filing requirements, this date will not be t
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CICLE V: Effective date, if other than the effective date is listed, the date must late of filing.) E: If the date inserted in this block does document's effective date on the Depart TICLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of This document is a 1 am aware that any	be specific and cannot be more than five business days prior to or 90 day s not meet the applicable statutory filing requirements, this date will not be f
FICLE V: Effective date, if other than the n effective date is listed, the date must date of filing.) e: If the date inserted in this block does document's effective date on the Depart FICLE VI: Other provisions, if any. REOUIRED SIGNATURE: Signature of This document is a 1 am aware that any constitutes a third in the signature of the signat	to member or an authorized representative of a member. executed in accordance with section 605.0203 (1) (b). Florida Statutes, y false information submitted in a document to the Department of State

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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