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Florida Department of State
Division of Corporations
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To:

Division of Corporations
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From:

Account Name : FL PATEL LAW PLLC
Account Number : I20170000097
Phone : (727)279-5037
Fax Number : (727)888-1294

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

Email Address: tylrwilsn@icloud.com

FLORIDA LIMITED LIABILITY CO.

Soulless Riches LLC

Certificate of Status	1
Certified Copy	0
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FLORIDA
DIVISION OF
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6/17/24

ARTICLES OF ORGANIZATION
FOR
SOULLESS RICHES LLC
A FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I.
Name

The name of the Limited Liability Company is: Soulless Riches LLC (the "Company").

ARTICLE II.
Address

The principal office of the Company is:

9450 Live Oak Place
#407
Davie, Florida 33324

The mailing address of the Company is:

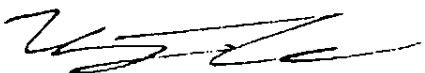
616 S Jackson Ave.
Waxhaw, NC 28173

ARTICLE III.
Registered Agent, Registered Office, & Registered Agent's Signature

The name and the Florida Street Address of the Registered Agent are:

Tyler Wilson
9450 Live Oak Place
#407
Davie, Florida 33324

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.



Tyler Wilson (sign)

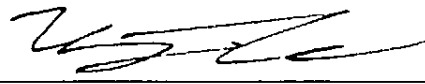
ARTICLE IV.
Authorized Members and Managers

The Name and Address of each person authorized to manage and control the Limited Liability Company:

<u>Title</u>	<u>Name and Address</u>
AMBR = Authorized Member MGR = Manager	
<u>MGR</u>	Tyler Wilson 9450 Live Oak Place #407 Davie, FL 33324

ARTICLE V.

The Effective date shall be the date of filing.

 (sign)

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.

Tyler Wilson
Authorized Representative/Member

FILED
JUN 10 2024
CLERK OF THE COURT
DAVIE COUNTY, FLORIDA