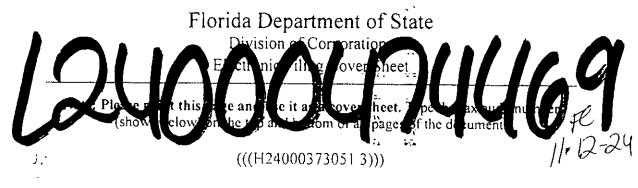
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Division of Corporations



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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : HARVARD BUSINESS SERVICES;

Account Number : I20080000045 Phone

Fax Number

: (302)645-7400 : (302)645-1280

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. 1 111

Email	1 844	

FLORIDA LIMITED LIABILITY CO. Sonoma, LLC

Certificate of Status	0
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Page Count	03
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Help

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liabil	lity Company is:						
The hame of the Sinned Blady	my company is.						
Company II C			·				
Sonoma, LLC							
(Musi cor	ntain the words "Limited	Liability Cor	npany. "L.L.C.	.'' or "LLC.")			
ARTICLE II - Address:			េះ				
The mailing address and street	address of the principal	allian at the I	tanda an esta forma	· ·			
the manning booters and street	address of the principal	ornee or the L	rimited triabilit	y Company is:			
Princi	pal Office Address:			in Mailing Addr	<u>'ess</u> :		
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ber agree Boca Raton, Florida	a 33432			Florida 33432		 .	
familiar s			4*	J_a^c		 ; -	
A DOMESTIC AND A CONTRACT OF THE CONTRACT OF T						_	
ARTICLE III - Registered Ag	gent, Registered Office	. & Registere	d Agent's Sigr	iature:			
(The Limited Liability Compan another business entity with an	ly cannot serve as its ow	n Kegistered A	Agent, You mus	st designate an inc	dividual or		
overtice values entry vitti un	a delive i forida tegistiati	Oil.)) :			
The name and the Florida street	t address of the registere	ed agent are:			(**	2024 HOV	
	Registered Agents I	nc.					
		Name				¥	•
			5.	;		ı	
	7901 4th Street N. S	ite 300				\approx	
	Florida street addre	ss (P.O. Box]	NOT acceptabl	c)	, ,	-0	, 3
			:	- }	<u>(4)</u>		(a)
	St. Petersburg	FL_		33 7 02		\sim	

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.:

State

City

Registered Agent's Signature (REQUIRED)

и : S:

Zip

(CONTINUED)

N. T.

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	Title: "AMBR" = A "MGR" = Ma	uthorized Member	Name an	d Address	ŭ.		
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