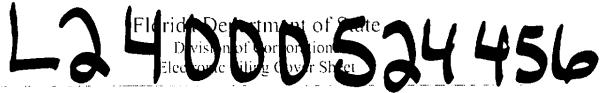
Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : VCORP SERVICES, LLC

Account Number : 120080000067 Phone : (845)425-0077 : (845)818-3588 Fax Number

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

Email Address:___

FLORIDA LIMITED LIABILITY CO. Southern Home Entertainment, LLC

Certificate of Status Certified Copy Page Count 02 Estimated Charge \$125.00

Electronic Filing Menu Corporate Filing Menu

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To: FLIDIVISION OF-CORPORATIONS Page: 2 of 3 2024-12-18 18 59 28 GMT 18886118813 From: Vcorp Services, LLC

ARTICLES OF ORGANIZATION FOR FLORIDALIMITED LIABILITY COMPANY

ARTICLE I - Name: Southern Home Entertainment, LLC (Must contain the words "Limited Liability Company, "L.F.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: 356 Golfview Road, Apt 1006 North Palm Beach, FL 33408 North Palm Beach, FL 33408

ARTICLE III - Registered Agent, Registered Office, & 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:

Neil Levine		
	Name	
356 Golfview Road, A	pt 1006	
Florida street address	(P.O. Box <u>NOT</u> ac	aceptable)
North Palm Beach	FL.	3,3408
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.

/s/Neil Levine	
Registered Agent's Signature (REQUIRED)	

(CONTINUED)

To, FLIDIVISIGN OF CORPORATIONS Page: 3 of 3 2024-12-18 18 59 28 GMT 18886118813 From Vooro Services, LLC

Title: "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
AMBR	Neil Levine 356 Golfview Road, Apt 1006
	North Palm Beach, FL 33408
AMBR	Lori Adler 356 Golfview Road, Apt 1006 North Palm Beach, FL 33408
(If an effective date is listed, the date must b the date of filing.)	date of filing:
ARTICLE VI: Other provisions, if any,	
REQUIRED SIGNATURE:	
/8	/Neil Levine
This document is ex I am aware that any	a member or an authorized representative of a member, ecuted in accordance with section 605.0203 (1) (b), Florida Statutes, false information submitted in a document to the Department of State egree felony as provided for in s.817.185, F.S.
<u>Ne</u> il Levine	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)