# M11000006497

(Requestor's Name)			
(Address)			
( ladioss)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
•			
Special Instructions to Filing Officer:			
·			

Office Use Only



600215440306

12/28/11--01018--020 \*\*160.00

FILED

SECRETARY OF STATE
ATTACKS OF STATE



December 28, 2011

PETER MARLEY FLORIDA INCORPORATOR 619 CATTLEMEN ROAD, SUITE 011 SARASOTA. FL 34232

SUBJECT: SO ACQUISITION, LLC Ref. Number: W11000064022

We have received your document for SO ACQUISITION, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

Unfortunately, the enclosed certified copy does not meet our filing requirements. We require a certificate of existence or certificate of good standing, which usually consists of a single sheet of paper that clearly reflects the entity is a valid entity in its home state/country. You can obtain the certificate of existence or certificate of good standing from the same office that provided you with the certified copy.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6067.

Neysa Culligan Regulatory Specialist II

Letter Number: 911A00028718

### **COVER LETTER**

TO:	Registration Section Division of Corporations	•			
SUBJECT: SO ACQUISITION, LLC					
,		me of Limited Liability Company			
		bility Company for Authorization to Transact Business in Florida," Certificate of bove referenced foreign limited liability company to transact business in Florida.			
Please	return all correspondence concerning this ma	atter to the following:			
	Peter Marley				
Name of Person					
Florida Incorporator					
	Firm/Company				
619 Cattlemen Rd - Suite O11					
	Address				
	Sarasota FL 34232				
	City/State and Zip Code				
State@floridaincorporator.com  E-mail address: (to be used for future annual report notification)					
For fu	ther information concerning this matter, plea	ise call:			
	Peter Marley	at ( 888 ) 800-9573			
	Name of Person	Area Code & Daytime Telephone Number			
	MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314	STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301			
Enclo	sed is a check for the following amount \$125.00 Filing Fee \$130.00 Filing Fee Certificate of Sta	ee & \$\int\\$155.00\text{ Filing Fee & \$\int\\$160.00\text{ Filing Fee, Certificate}			

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZAT TRANSACT BUSINESS IN FLORIDA	ION TO	<b>9</b>		
IN COMPLIANCE WITH SECTION 608303, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTE LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.	R A FOR	EIGN		
1. SO ACQUISITION, LLC				
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.	<u>)                                    </u>			
STEPHANIE ODEGARD COLLECTION, LLC				
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Company," "L.E.C," "LLC.")				
2. DE				
(Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized)				
4. 10/28/2011				
(Date of Organization) (Duration: Year limited liability company will ce exist or "perpetual")	ase to			
(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)				
7. 7636 NE 4TH CT ST100 - MIAMI, FL 33137 (PRINCIPAL ADDRESS	3)			
200 LEXINGTON AVE 1206 - NEW YORK, NY 10016 (MAILING ADDRESS)				
8. If limited liability company is a manager-managed company, check here	A P	문 :		
9. The name and usual business addresses of the managing members or managers are as follows:				
STEPHANIE ODEGARD		` <b>≅</b> ` C		
200 LEXINGTON AVE 1206		₽ :2: ±		
NEW YORK, NY 10016				
10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custoc the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign langu- translation of the certificate under eath of the translator must be submitted.)		ds in		
11. Nature of business or purposes to be conducted or promoted in Florida:				
PURPOSE IS TO SELL HOME AURNISHINGS				
Signature of a member or an authorized representative of a member.				
(In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.)				

STEPHANIE ODEGARD

Typed or printed name of signee

### CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF

1. The name of the Limited Liability Company is:

SO ACQUISITION, LLC

If unavailable, the alternate to be used in the state of Florida is:

### STEPHANIE ODEGARD COLLECTION, LLC

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

Florida Incorporator	
(Nam	
619 Cattlemen Rd - Suite	011
Florida Street Address (P.O.	Box NOT ACCEPTABLE)
* * *	<sub>FL</sub> 34232
City/s	iate/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 608, Florida Statutes.

Signature)

## Delaware

PAGE 1

### The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO BEREBY CERTIFY "SO ACQUISITION, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE FIFTEENTH DAY OF DECEMBER, A.D. 2011.

5058194 8300

111290779

AUTHENTICATION: 9230704

DATE: 12-15-11

You may verify this certificate online at corp. delaware.gov/authver.shtml