## Requester's Name Requester's Name On JAN 19 PM 1: 28 SECRETARY OF STATE TALLAHASSEE, FLOREDA Office Use Only

(Corporation Name)	(Document #)		
(Corporation Name)	70003102027 -01/19/0001016 ****125.00 *****		
(Corporation Name)	(Document #)		
(Corporation Name)	(Document #)		
Walk in Pick up time	Certified Copy		
Mail out Will wait	Photocopy Certificate of Status		
EW FILINGS	AMENDMENTS		
Profit Not for Profit Limited Liability Domestication Other	Amendment Resignation of R.A., Officer/fit dor Change of Registered Agent Dissolution/Withdrawal Merger		
THER FILINGS	REGISTRATION/QUALIFICATION		
Annual Report Fictitious Name	Foreign Limited Partnership Reinstatement Trademark Other		

**Examiner's Initials** 

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

MILLE I - Name:

he name of the Limited Liability Company is:

; SOLU	11002 1101	ERNAIIO	MAL, LLC	
ARTICLE II - Address:				
The mailing address and s	treet address of the	principal offi	ce of the Limited Lighib	ity Company is:
* 11 . PO BOX 10		REET :	5) A.F. 1. 11. A	To salve
SARASOTA		RCC1;	SARASOTA FL	OHKZ CI
	278		31/429111	1737
ARTICLE III - Registere		ed Office. &	Registered Agent's Sig	noture
1119	writenic recommen.	ou office, w	registered Agent's Dig	matui C.
The name and the Florida	street address of the	e registered ac	ent are:	
	ROGER C	ONLEY	(CONLEY & CLE	ARLY PA)
		Name	-	y
	2401 MA	NATEE	VAENOE	
	Florida street addı			
	BRADEN		34205	
	C	ity, State, and Zi	P 941-748	5-8778
Having been named as reg	istered agent and to	accent service	of process for the above	etatad limitad
liability company at the pla	ice designated in thi	s cortificato I	harahu accent the annoin	suueu umueu tuont on voointovod
agent and agree to act in th	is canacity. I finthe	r correcte con	vereby accept the appoint who with the providing o	f all statutes
relating to the proper and o	romnl <i>ata narforma</i> ni	r ugree to con	apiy wiin ine provisions of and I am familian with a	f un siciules
obligations of my position of	rompiete per jormula. Te rocietoros acontic	e oj my uuites. E provided for	is Montae 600 E C	ına accept the
congunions of my position c	as registered agentifa	s provided jor	in Chapter 000, F.S	
•	() /a	()//	Ma	
	///	gistered Agent's	Signatura	
	Port	gistered Agent 5	Signature	
Article IV - Managemen	it (Check box if ar	mlicable.)		
The Limited Liability	Company is to be	managed by	MA MANAGAR AR MARA MA	magana and is
therefore, a manager - ma	maged company	managed by c	me manager or more ma	magers and is,
mororore, a manager - ma	maged company.	Ŧ		
(An additi	ional article must be	e added if an <i>c</i>	effective date is requeste	A)
(= ==	Jana n	,	Moonvo date is requeste	
Signatu			resentative of a member.	
		_		
(In acc	ordance with section 6	08.408(3), Flori	da Statutes, the execution	Carl Manage Parties
that the	document constitutes a e facts stated herein are	n ammation un e true.)	der the penalties of perjury	23 Z E

Filing Fees:

N STEVENS
Typed or printed name of signee

\$100.00 Filing Fee for Articles of Organization \$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)