

November 9, 2001

RE: Solantic, LLC

Florida Department of State Registration Section Division of Corporations PO Box 6327 Tallahassee, FL 32314

000004678170--4 -11/14/01--01028--006 \*\*\*\*160.00 \*\*\*\*180.00

(904) 992-9891 fax www.solantic.net

To Whom It May Concern:

Enclosed, please find a check in the amount of \$160 along with the articles of organization for Solantic, LLC.

If you need additional information, please contact me at (904) 992-9267. My mailing address is 13500 Sutton Park Drive, Suite 501, Jacksonville, FL 32224

WO(-26505

Sincerely,

Dina Vickers, CPA MHA

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Controller

Enclosures (2)

cc: Karen Bowling, President

SECRETARY OF STATE OF STATE OF CORPORATIONS
OF OF AM 8: 17

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## FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

November 19, 2001

DINA VICKERS, CPA MHA SOLANTIC 13500 SUTTON PARK DRIVE, SUITE 501 JACKSONVILLE, FL 32224

SUBJECT: SOLANTIC

Ref. Number: W01000026505

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

The name of a Limited Liability Company must end with the words "limited company", "limited liability company" or their abbreviation "L.C." or "L.L.C."

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

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) 245-6958.

Lee Rivers Document Specialist

Letter Number: 601A00062085

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:** 

The name of the Limited Liability Company is: SOLANTIC, LL.C		
ARTICLE II - Address:  The mailing address and street address of the principal office of the Limited Liability Company  13500 SUTTON PARK DRIVE South Suite #501  SAKSONVILLE FL 33224  ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:	is:	
The name and the Florida street address of the registered agent are:		
Kaken Bascing		
13500 Sutton Pack To South #501 Florida street address (P.O. Box NOT acceptable)		
Sectionally FL 33224 City, State, and 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 statutes relating to the proper and complete performance of my duties, and I am familiar with an accept the obligations of my position as registered agent as provided for in Chapter 608, F.S.  Registered Agent's Signature	of all	
Article IV - Management (Check box if applicable.)  The Limited Liability Company is to be managed by one manager or more managers and it therefore, a manager - managed company.		DIVI S
(An additional article must be added if an effective date is requested)  Signature of a member or an authorized representative of a member.	OI DEC -4 MM	SION OF CORPOR
(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)	8:18	ATE OF STREET
Typed or printed name of signee		

Filing Fees:

\$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)