

L03000041295

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

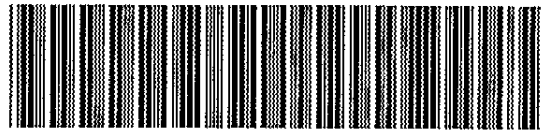
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

10/28/03
[Signature]

Office Use Only



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10/17/03--01088--013 **420.00

FILED
03 OCT 28 AM 8:31
TALLAHASSEE, FLORIDA

MALLORY GAYLE HOLM, P.A.

4315 Pablo Oaks Court
Jacksonville, Florida 32224
Phone: 904.482.1144 Facsimile: 904.482.1145
Cell: 904.710.1358
mgholm@comcast.net

October 16, 2003

VIA FEDERAL EXPRESS

Department of State
Division of Corporations
Corporate Filings
409 E. Gaines Street
Tallahassee, FL 32399

Re: Articles of Organization and Articles of Merger Filing

Ladies and Gentlemen:

Enclosed for immediate filing in the order listed are the following:

1. Articles of Organization of Sollessa, LLC;
2. Articles of Organization of Sollessa Atlantic Beach, LLC;
3. Articles of Merger (Sollessa, Inc. with and into Sollessa, LLC).

Also enclosed is a check to pay the following:

Filing fee(s) (New LLCs)	\$200.00
Registered Agent(s)	50.00
Certificate(s) of Status	10.00
Articles of Merger (\$35 per party)	70.00
Certified Copies	<u>90.00</u>
Total	\$420.00

If you have any questions or need further information, please contact me.

Sincerely,


Mallory Gayle Holm

RECEIVED
TALLAHASSEE, FLORIDA

03 OCT 28 AM 8:31

FILED

**ARTICLES OF ORGANIZATION
OF
SOLLESSA ATLANTIC BEACH, LLC**

The undersigned hereby makes, acknowledges, and files the following Articles of Organization:

ARTICLE I - NAME

The name of the limited liability company shall be **SOLLESSA ATLANTIC BEACH, LLC** (the "Company").

ARTICLE II - ADDRESS

The mailing address and street address of the principal office of the Company is 1419 Linkside Drive, Atlantic Beach, FL 32233.

ARTICLE III - DURATION

The Company's existence shall be perpetual unless the Company is dissolved earlier as provided in the Company's Operating Agreement.

ARTICLE IV - REGISTERED OFFICE AND AGENT

The name and address of the registered agent of the Company in the state of Florida is Mallory Gayle Holm, P.A., 4315 Pablo Oaks Court, Jacksonville, FL 32224-9667.


ARTICLE V - MANAGEMENT

The Company shall be a member-managed company.

IN WITNESS WHEREOF, the undersigned, a member of this Company, has executed these Articles of Organization on behalf of the Company in accordance with Florida Statutes Section 608.407.

SOLLESSA ATLANTIC BEACH, LLC

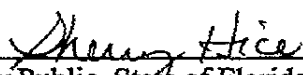
By: **Sollessa, LLC**, a Florida limited liability company and its sole member

By: 
Name: Cristina Flint
Title: President

**STATE OF FLORIDA
COUNTY OF DUVAL**

The foregoing instrument was acknowledged before me this 16th day of October, 2003, by Cristina Flint, the President of Sollessa, LLC, a Florida limited liability company and the sole member of Sollessa Atlantic Beach, LLC, who is personally known to me or has produced a drivers license for identification.

[notarial seal]


Notary Public, State of Florida

My Commission Expires

Page 1 of 2



Sherry Hice
MY COMMISSION # CC906788 EXPIRES
March 30, 2004
BONDED THRU TROY FAIR INSURANCE, INC.

FILED
03 OCT 28 AM 8:31
TALLAHASSEE, FLORIDA

**CERTIFICATE OF DESIGNATION OF REGISTERED
AGENT/REGISTERED OFFICE**

Under the provisions of Florida Statutes Section 608.414 and 608.507, **SOLLESSA ATLANTIC BEACH, LLC** submits the following statement to designate a registered office and registered agent in the State of Florida:

1. The name of the limited liability company is **SOLLESSA ATLANTIC BEACH, LLC.**
2. The name and street address of the registered agent in Florida is:

Mallory Gayle Holm, P.A.
4315 Pablo Oaks Court
Jacksonville, FL 32224-9667.

The undersigned, being named in the Articles of Organization as the registered agent of this limited liability company, hereby consents to accept service of process for the above-stated Company at the place designated therein, and accepts appointment as registered agent and agrees to act in this capacity. The undersigned further agrees to comply with the provisions of all statutes relating to the proper and complete performance of his or her duties, and is familiar with and accepts the obligations of the position of registered agent.

Dated this 15 day of October, 2003.

Mallory Gayle Holm, P.A.
By: *Mallory Gayle Holm*
Name: Mallory Gayle Holm
Title: President

**STATE OF FLORIDA
COUNTY OF DUVAL**

The foregoing instrument was acknowledged before me this 16th day of October, 2003, by Mallory Gayle Holm, who is personally known to me.

Sherry Hice
Notary Public, State of Florida
My Commission Expires:

[notarial seal]

Page 2 of 2



Sherry Hice
MY COMMISSION # CC904788 EXPIRES
March 30, 2004
BONDED THREE TROY FAIR INSURANCE, INC.