

**L03000041298**

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(Requestor's Name)

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(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

\_\_\_\_\_  
(Business Entity Name)

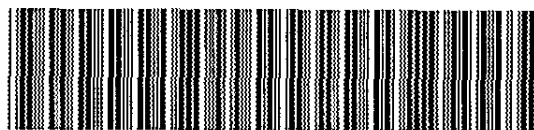
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*10/28/03*

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SECRETARY OF REVENUE  
TALLAHASSEE, FLORIDA

03 OCT 28 AM 8:33

**FILED**

**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](mailto:mgholm@comcast.net)

October 16, 2003

**VIA FEDERAL EXPRESS**

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

FILED  
03 OCT 28 AM 8:33  
TALLAHASSEE, FLORIDA

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

**ARTICLES OF ORGANIZATION  
OF  
SOLLESSA, 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, 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 managed by a Board of Managers in accordance with the Operating Agreement of the 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, LLC**

By: *Cristina Flint*  
Name: Cristina Flint  
Title: Member

**STATE OF FLORIDA  
COUNTY OF DUVAL**

The foregoing instrument was acknowledged before me this 16<sup>th</sup> day of October, 2003, by Cristina Flint, who is personally known to me or has produced a drivers license for identification.

[notarial seal]

*Sherry Hice*  
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.

03 OCT 28 AM 8:33  
FILED  
CLERK OF COUNTY  
JACKSONVILLE, FLORIDA

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

Under the provisions of Florida Statutes Section 608.414 and 608.507, **SOLLESSA, 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, 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]



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