

L03000046746

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

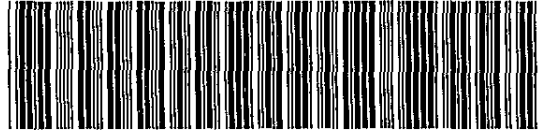
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

11/18 FL LC

Office Use Only

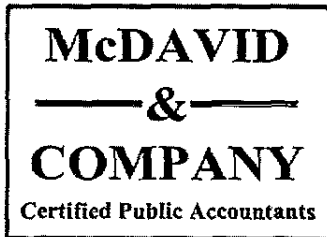


300024712143

MAJH

11/18/03--01087--003 **125.00

FILED
03 NOV 18 AM 10:00
TALLAHASSEE, FLORIDA



4711 N.W. 53rd Avenue
Gainesville, FL 32606
Phone (352) 373-1080
Fax (352) 373-5110

Members of
American Institute of CPA'S
Florida Institute of CPA'S
National Association of Certified Valuation Analysts

William F. McDavid, CPA*, CVA
Suzannah D. Gudmundsen, CPA*
Nora C. Rockwell, CPA*
Patricia A. Cucchiara, CPA*, CVA
*CPA's regulated by the State of Florida

November 13, 2003

Registration Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

Re: Solphishers, LLC

Please find enclosed a check in the amount of \$125 for Articles of Organization filing fee (\$100) and Designation of Registered Agent fee (\$25).

Please do not hesitate to call should you have any questions. Thank you for your assistance in this matter.

Very truly yours,

McDavid and Company

A handwritten signature in black ink, appearing to read "William F. McDavid".

William F. McDavid, CPA

Enclosure
cc: Christopher A. Faunce
WFM:chc

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is: Solphishers, LLC

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Mailing address: P.O. Box 1234, Archer, FL 32618

Street address: 13109 S.W. County Road 346, Archer, FL 32618

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

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

Christopher A. Faunce

Name

13109 S.W. County Road 346

Florida street address (P.O. Box **NOT** acceptable)

Archer, FL 32618

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 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, F.S.

Christopher A. Faunce

Registered Agent's Signature

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

03 NOV 18 AM 10:00

FILED

(An additional article must be added if an effective date is requested)

Christopher A. Faunce

Signature of a member or an authorized representative of a member.

(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.)

Christopher A. Faunce

Typed or printed name of signer

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)