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(City	//State/Zip/Phone	∍#)
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Certified Copies	Certificates	s of Status
Special Instructions to Filing Officer:		
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SECRETARY OF STATE
TALLAHASSEF FIGHT

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ATTORNEYS' TIT	LE	<b>I</b>	
Requestor's Name		• •	
1965 Capital Circle NE	Suite A		
Address	<u> </u>		
Tallahassee, Fl 32308	950 222 2795		
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CORPORATION NAME	(S) & DOCUMENT NU	MBER(S), (if known):	OF APR 20 PH 2: 37 SECRETARE SEE: FLORIG
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4- <u>620 S</u> 0	DLAR ISLE DRIVE LLC		
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NEW FILINGS	AMENDMENTS		
Profit Non-Profit	Amendment	E- ON/Distriction	
XXX Limited Liability	Resignation of R.A., Of Change of Registered A		
Domestication	Dissolution/Withdrawal	yem	,
Other	Merger	····	
Outer	Meigor		
OTHER FILINGS	REGISTRATION/QUALIF	ICATION	
Annual Report	Foreign		
Fictitious Name	Limited Partnership		
Name Reservation	Reinstatement		
	Trademark		
	Other		

Examiner's Initials

# TRANSMITTAL LETTER

(Name	of Limited Liability Company)	<u> </u>
	<u> </u>	ok.C
he enclosed Articles of Organization and fe	ee(s) are submitted for filing.	SECRETAR
Please return all cor	respondence concerning this matter to the following:	SSEE O
Shanna A. Herbert, Esqu	uire	77
	(Name of Person)	_,OS
Monarch Law Group, P.C.		OP P
	(Firm/Company)	
6861 Elm Street, Suite 200	-	
	(Address)	
McLean, VA 22101		
•	(City/State and Zip Code)	
or further information concerning this matte	er, please call:	
Shanna A. Herbert, Esquire	at ( 703 )_852-1755	
(Name of Person)	(Area Code & Daytime Telephone Number)	

Registration Section Division of Corporations

TO:

STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327 Tallahassee, Florida 32314

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:				
The name of the Limited Liability Company is:				
620 Solar Isle Drive, LLC	· · · · · · · · · · · · · · · · · · ·			
ARTICLE II - Address: The mailing address and street address of the principa	I office of the Limited Liability Company is			
Principal Office Address:	Mailing Address:			
6861 Elm Street	6861 Elm Street			
Suite 200	Suite 200			
McLean, VA 22101	McLean, VA 22101			
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: The name and the Florida street address of the registered agent are:				
Drennen L. Whitmire, Jr., Esquire				
Name				
249 Royal Palm Way, Suite 501  Florida street address (P.O. Box NOT acceptable)				
Palm Beach,  City, State, and Zip	LORIDA 33480			

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, Florida Statutes..

Registered Agent's Signature

Page 1 of 2 (CONTINUED)

### ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGRM	Brian D. West, Esquire 6861 Elm Street, Suite 200 McLean, VA 22101
<del></del>	
(Use attachment if necessary)	

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:

Signature of a member on 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.)

Shanna A. Herbert, Member

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)