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DIVISION OF CORPORATE AFFAIRS  
04 AUG 23 PM 1:49

## TRANSMITTAL LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Sol Portal LLC  
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

William Ellis  
(Name of Person)

\_\_\_\_\_  
(Firm/Company)

6278 N. Federal Hwy., # 314  
(Address)

Fort Lauderdale, FL 33308  
(City/State and Zip Code)

For further information concerning this matter, please call:

William Ellis at (305) 357-6478  
(Name of Person) (Area Code & Daytime Telephone Number)

**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

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS

**ARTICLES OF ORGANIZATION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Sol Portal LLC

**ARTICLE II - Address:**

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

**Principal Office Address:**

1919 NE 45th St #222  
Fort Lauderdale, FL 33308

**Mailing Address:**

6278 N. Federal Hwy., #314  
Fort Lauderdale, FL 33308

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

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

William Ellis  
Name

1919 NE 45th St. # 222,  
Florida street address (P.O. Box NOT acceptable)

Fort Lauderdale, FL 33308  
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, Florida Statutes..*

W.H. Ellis  
Registered Agent's Signature

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STATE OF FLORIDA  
DEPARTMENT OF REVENUE

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

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

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

William Ellis

MGR

Hugo Acala

MGRM

(Use attachment if necessary)

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

**REQUIRED SIGNATURE:**

W.H. Ellis

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.)

William H. Ellis

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) ✓

SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
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