

LD4000070434

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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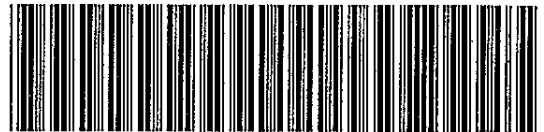
(Business Entity Name)

(Document Number)

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LD4-70434
OK

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SOULTIONS INVESTMENT Co, 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:

CHARLOTTE NOEL NAWROCKI
(Name of Person)

SOULTIONS INVESTMENTS Co, LLC
(Firm/Company)

265 NORTH BLVD
(Address)

ST. AUGUSTINE, FLORIDA 32095
(City/State and Zip Code)

For further information concerning this matter, please call:

CHARLOTTE NOEL NAWROCKI at **(904) 808-4691**
(Area Code & Daytime Telephone Number)

STREET ADDRESSES:
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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

ARTICLE I – Name:

The name of the Limited Liability Company is:

SOULTIONS INVESTMENTS Co, LLC

ARTICLE II – Address:

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

Principal Office Address:

265 NORTH BLVD
ST. AUGUSTINE, FL 32095

Mailing Address:

265 NORTH BLVD
ST. AUGUSTINE, FL 32095

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

The names of the Florida street address of the registered agent are:

CHARLOTTE NOEL NAWROCKI

Name

265 NORTH BLVD

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

ST. AUGUSTINE, FLORIDA 32095

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 and complete performance of duties, and I am familiar with and accept the obligation of my position as registered agent as provided for in Chapter 608, Florida Statutes..

Charlotte Noel Nawrocki

09/17/04

Registered Agent's Signature

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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:

MGR

CHARLOTTE NOEL NAWROCKI

265 NORTH BLVD

ST. AUGUSTINE, FLORIDA 32095

(Use attachment if necessary)

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

REQUIRED SIGNATURE:

Charlotte Noel Nawrocki - 09/17/09
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.)

CHARLOTTE NOEL NAWROCKI

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)

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TALLAHASSEE, FLORIDA

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