

LOS 000044561

200 MAY -2 P 1:44  
APPROPRIATE  
(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

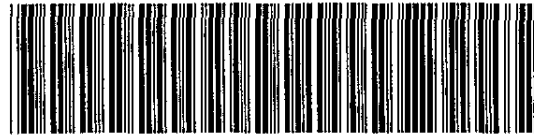
(Business Entity Name)

(Document Number)

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05/02/05--01032--008 \*\*160.00

## TRANSMITTAL LETTER

TO: Registration Section  
Division of Corporations

FILED

SUBJECT: ~~XXXXXXXXXX~~ SOLMARE, LLC  
(Name of Limited Liability Company)

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TALLAHASSEE, FLORIDA

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

Please return all correspondence concerning this matter to the following:

Paula McDonald

(Name of Person)

(Firm/Company)

1086 Captains Way

(Address)

Tarpon Springs, FL, 34689

(City/State and Zip Code)

For further information concerning this matter, please call:

Paula McDonald

(Name of Person)

at ( 727 )

942-2956

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- |  |   |   |  |
|--|---|---|--|
| <input type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input checked="" type="checkbox"/> \$160.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|--|---|---|--|

**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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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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ARTICLE I - Name:

The name of the Limited Liability Company is:

CLERK OF CIRCUIT COURT  
CLERK OF CIRCUIT COURT  
CLERK OF CIRCUIT COURT

~~Marble LLC~~ Sol Mare, LLC

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

1086 Captains Way  
Tarpon Springs, FL 34689

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

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

Lisa Whipple  
Name  
210 S. Pineapple Ave., Ste. 220  
Florida street address (P.O. Box **NOT** acceptable)  
Tarpon Springs, FL 34689  
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..*

  
Registered Agent's Signature

(CONTINUED)

**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:**

FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MGRM

Paula McDonald

1086 Captains Way

Tarpon Springs, FL 34689

MGRM

Julie Krohn

1086 Captains Way

Tarpon Springs, FL 34689

MGRM

Catherine B. Corbitt

121 Rocky Space Glen Rd.  
Oxford, PA 19363

~~MaryAnn Donahue~~ MGRM

MaryAnn Donahue

121 Rocky Space Glen Rd.  
Oxford, PA 19363

(Use attachment if necessary)

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

**REQUIRED SIGNATURE:**

  
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.)

Paula McDonald

Typed or printed name of signee

**Filing Fees:**

\$125.00 Filing Fee for Articles of Organization and Designation  
of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)