

L05000061353

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

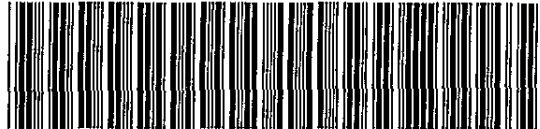
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Name	
Availability	
Document	
Examiner	Doc
Updater	DOC Office Use Only
Updater	
Verifier	2
Acknowledgement	DOC
W. P. Verifier	DOC



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06/02/05--01050--005 **160.00

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2005 JUN 20 A 11:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Must Auth Re sign

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Solimar Florida Homes, 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:

Maria C. Lima
(Name of Person)

Solimar Florida Homes, LLC
(Firm/Company)

815 Main Street
(Address)

Kissimmee, FL 34744
(City/State and Zip Code)

For further information concerning this matter, please call:

Maria Lima at (407) 709-5295
(Name of Person) (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 & Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee & Certified Copy
(additional copy is enclosed) | <input checked="" type="checkbox"/> \$160.00 Filing Fee & Certificate of Status & Certified Copy
(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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TALLAHASSEE, FLORIDA
SECRETARY OF STATE



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

June 9, 2005

MARIA C. LIMA
SOLIMAR FLORIDA HOMES, LLC
815 MAIN STREET
KISSIMMEE, FL 34744

SUBJECT: SOLIMAR FLORIDA HOMES, LLC
Ref. Number: W05000028631

We have received your document for SOLIMAR FLORIDA HOMES, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6913.

Diane Cushing
Document Specialist

Letter Number: 805A00040513

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Solimar Florida Homes, LLC

ARTICLE II - Address:

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

Principal Office Address:

815 Main Street
Kissimmee, FL 34744

Mailing Address:

2107 Putter Place
Kissimmee, FL 34746

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

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

Maria C. Lima

Name

815 Main Street

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

Kissimmee, FL 34746

FL

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..

Maria Lima

Registered Agent's Signature

(CONTINUED)

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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

Maria Lima

815 Main Street

Kissimmee, FL 34746

(Use attachment if necessary)

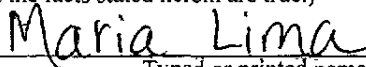
NOTE: An additional article must be added if an effective date is required.

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.)



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)

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