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(Requestor's Name)
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SECRETARY OF STATE
TALLAHASSEE, FLORID



## TRANSMITTAL LETTER

TO: Registration Section Division of Corporations		
SUBJECT: SOLER CARL (Name of Limited)	NASH   DETAILIAA  I Liability Company)	, 11.
The enclosed Articles of Organization and fee(s) are su	abmitted for filing.	
Please return all correspondence concerning this matter	r to the following:	
PESSO SANTI	A & O lame of Person)	- -
N/	A Firm/Company)	76 6
20 NE 14th AV		UN 29 PM 12: 41 CRETARSEE: FLORI
	(Address)  A FL 3306  State and Zip Code)	©i∵
For further information concerning this matter, please of	call:	
PEDRO SANTIAGO (Name of Person)	at ( <u><b>454</b></u> ) <u><b>244</b></u> (Area Code & Daytime Te	- 0817 Elephone Number)
Enclosed is a check for the following amount:		
\$125.00 Filing Fee \$\Boxed{\square}\$\$ \$130.00 Filing Fee & Certificate of Status	S155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$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 A Registration S Division of Co P.O. Box 632 Tallahassee, F	ection orporations 7

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

SOLER	CARNASH &	DETAILI	16 LLC	<del></del>	
ARTICLE II - Address an		he principal o	ffice of the Limit	ed Liability Compa	ny is:
Principal Office Addr	ess:	Mailin	g Address:		
20 NE 14th A Pennesso GEACH		· <u></u>	SAME		
ARTICLE III - Registration The name and the Flori	da street address of  Pearo So  1  20 NE 14  Florida street	the registered  Name  AVE  ect address (P.O.	agent are:  Box NOT acceptable	JN 29 PM 12: 41 RETARY OF STATE ANASSEE, FLORID	

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

Having been named as registered agent and to accept service of process for the above stated limited

(CONTINUED)

<u>Fitle:</u> MGR" = Manager MGRM" = Managing Member	Name and Address:
MGRW	PEDRO SANTHEO  20 NE 14th AVE APT # 3  POMPANO BEACH FL 33060
	SECULAR IN THE SECURAR IN THE SECULAR IN THE SECULA
Use attachment if necessary)	Ust be added if an effective date is requested.

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.)

Peano Santiago
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)

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