

L05000078640

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000057947480

08/08/05--01034--019 **160.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 AUG - 8 PM 2:44

DAVID M. ANDREWS

ATTORNEY AT LAW

125 NIX BOAT YARD ROAD

P.O. BOX 5358

ST. AUGUSTINE, FL 32085

TELEPHONE (904) 826-1987

EMAIL andrews@david-m-andrews.com

FAX (904) 826-4236

August 5, 2005

Registration Section
Division of Corporations
Corporate Filings
P.O. Box 6327
Tallahassee, FL 32314

Re: SOLANA SERVICES, LLC

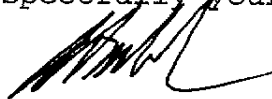
Dear Sir/Madam:

Enclosed are proposed Articles of Organization in reference to the captioned limited liability company. Also enclosed is our check in the amount of \$160.00 to cover the following:

Filing Fee for Articles of Organization	\$ 100.00
Designation of Registered Agent	25.00
Certified Copy	30.00
Certificate of Status	5.00

If the Articles of Organization meet with your approval, please execute and return to my office.

Respectfully yours,



David M. Andrews

DMA/mmc
Enclosures

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

ARTICLE I - Name:

The name of the Limited Liability Company is:

SOLANA SERVICES, LLC.

ARTICLE II - Address:

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

Principal Office Address:

1960 US 1 SOUTH, PMB 224
ST. AUGUSTINE, FL 32086

Mailing Address:

1960 US 1 SOUTH, PMB 224
ST. AUGUSTINE, FL 32086

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

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

JEREMY A. CAIN

Name

1960 US 1 SOUTH, PMB 224


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

ST. AUGUSTINE, FL 32086

City, State, and Zip

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 AUG -8 PM 2:44

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

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:

MGRM

JEREMY A. CAIN
1111 PRINCE ROAD
ST. AUGUSTINE, FL 32086

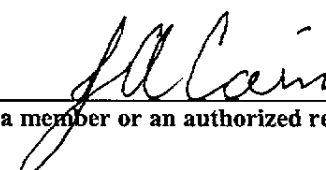
MGRM

BRADLEY J. PRIESTER, JR.
211 ALERTO STREET
ST. AUGUSTINE, FL 32080

(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.)

Jeremy A. Cain

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)