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(Address)  (Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)	(Requestor's	s Name)
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J. BRYAN

JAN 17 2008

**EXAMINER** 

# **COVER LETTER**

Division of Corporations
SUBJECT: The Solaun Group, 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:
Felix M. Solaun
(Name of Person)
The Solaun Group, LLC
(Firm/Company)
(Firm/Company)  373 Roscoe Blvd North  (Address)  Ponte Vedra Beach, FL 32082 (City/State and Zip Code)  (City/State and Zip Code)
(Address)
Ponte Vedra Beach, FL 32082
(City/State and Zip Code)
For further information concerning this matter, please call:
Felix M. Solaun at 904 , 614 - 1639
(Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\sum \$\subseteq \$\
Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Comp	any is:		
The Solaun Group, LLC  (Must end with the words "Limited Liability Company, "L.L.C.," or "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:		
373 Roscoe Blvd, North Ponte Vedra Beach, FL 32082	373 Roscoe Blvd, North Ponte Vedra Beach, FL 32082		
business entity with an active Florida registration.)  The name and the Florida street address  Felix M. Solaun	9		
	Name OR CRE		
373 Roscoe Bly	/d, North 5 G		
	street address (P.O. Box NOT acceptable)		
	each, Fit 32082		
City	y, State, and Zip		
liability company at the place designor registered agent and agree to act in this statutes relating to the proper and com	and to accept service of process for the above stated limited ated in this certificate, I hereby accept the appointment as capacity. I further agree to comply with the provisions of all plete performance of my duties, and I am familiar with and as registered agent as provided for in Chapter 608, F.S.		
Registered Agent	's Signature (REQUIRED)		

(CONTINUED) Page 1 of 2

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

The name and address of each Manager or Managing Member is as follows:

MGRM	Felix M. Solaun
	373 Roscoe Bvld, North
	Ponte Vedra Beach, FL 32082
	3
,	
(Use attachment if necessary)	
CLE V: Effective date, if other the	nan the date of filing: (OPTIONA
ffective date is listed, the date in days after the date of filing.)	must be specific and cannot be more than five business day

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.)

Felix M Solaun

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)

SECRETARY OF STATE DIVISION OF CORPORATIONS