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08/18/08--01020--002 **130.00

Effective Date 88/11/08

SECKETARY OF STATE
SECKETARY OF STATE

T. HAMPTON

AUG 1 8 2008

EXAMINER

COVER LETTER

	TO: Registration Section Division of Corporations			
	SUBJECT: SolMac Consulting 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:			
	Louis Olave			
	(Name of Person)			
SolMac Consulting Group, LLC				
(Firm/Company)				
2001 Meridian Ave, Penthouse 4				
(Address)				
Miami Beach, FL 33139				
(City/State and Zip Code)				
For further information concerning this matter, please call:				
	Louis Olave _{at (} 786) 276-9094			
	(Name of Person) (Area Code & Daytime Telephone Number)			
	Enclosed is a check for the following amount:			
	\$125.00 Filing Fee \$\sum			
	Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301			

Effective Date 08/11/08

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Compa	any is:
SolMac Consulting Group, LLC	
	ed Liability Company, "L.L.C.," or "L.L.C.,")
ARTICLE II - Address: The mailing address and street address of	the principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
2001 Meridian Ave, Penthouse 4	2001 Meridian Ave, Penthouse 4
Miami Beach, FL 33139	Miami Beach, FL 33139
	istered Office, & Registered Agent's Signature: on Registered Agent. You must designate an individual or another of the registered agent are:
2001 Maridian /	
	Ave, Penthouse 4 treet address (P.O. Box NOT acceptable)
Miami Beach, Fl	
	State, and Zip
liability company at the place designal registered agent and agree to act in this constantes relating to the proper and compaccept the obligations of my position of the proper agency the obligations of my position of the proper agency the obligations of my position of the proper agency the obligations of my position of the place agency and the place agency agency and the place agency	and to accept service of process for the above stated limited ted in this certificate, I hereby accept the appointment as appacity. I further agree to comply with the provisions of all olete performance of my duties, and I am familiar with and as registered agent as provided for in Chapter 608, F.S

(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:

Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGRM Louis Olave	2001 Meridian Ave, Penthouse 4
	Miami Beach, FL 33139
MGRM Gregory McBowman	1415 SE 1st St
	Fort Lauderdale, FL 33301
(Use attachment if necessary)	
(Ose attachment if fiecessary)	

ARTICLE V: Effective date, if other than the date of filing: <u>August 11, 2008</u>. (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

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.)

Louis Olave

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)