

L090000667550

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

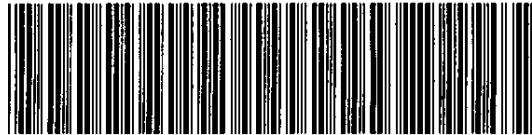
Special Instructions to Filing Officer:

Office Use Only

B. KOHR

JUL 14 2009

EXAMINER



000158358040

07/13/09--01012--021 \*\*130.00

EFFECTIVE DATE

7/10/09

FILED

09 JUL 13 AM 10:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

09 JUL 13 AM 8:10

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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B. KOHR

JUL 14 2009

EXAMINER

## COVER LETTER

TO: **Registration Section**  
**Division of Corporations**

SUBJECT: SOLAR MOTION, 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:

JOANNE M. ANGELOTTI

Name of Person

SOLAR MOTION, LLC

Firm/Company

7014 ARCADIAN COURT

Address

MOUNT DORA, FLORIDA 32757-9120

City/State and Zip Code

SOLARMOTION@COMCAST.NET

E-mail address: (to be used for future annual report notification)

EFFECTIVE DATE 7/10/09

For further information concerning this matter, please call:

JOANNE M. ANGELOTTI

Name of Person

at ( 352 )

735-4713

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- ☐ \$125.00 Filing Fee    ☒ \$130.00 Filing Fee & Certificate of Status    ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)    ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

**Mailing Address**

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

**Street/Courier Address**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

SOLAR MOTION, 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:

7014 ARCADIAN COURT  
MOUNT DORA, FL 32757-9120

#### Mailing Address:

7014 ARCADIAN COURT  
MOUNT DORA, FL 32757-9120

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

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

JOANNE M. ANGELOTTI

Name

7014 ARCADIAN COURT

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

MOUNT DORA, FL 32757 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.*

  
Registered Agent's Signature (REQUIRED)

EFFECTIVE DATE

7/10/09

(CONTINUED)

FILED  
09 JUL 13 AM 10:45  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

**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

JOANNE M. ANGELOTTI

7014 ARCADIAN COURT

MOUNT DORA, FL 32757-9120

MGRM

RICHARD J. ANGELOTTI

7014 ARCADIAN COURT

MOUNT DORA, FL 32757-9120

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(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: 07/10/09 (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.)

JOANNE M. ANGELOTTI

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)**