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C. LEWIS
FEB 2 6 2010
EXAMINER

## **COVER LETTER**

Registration Section

**Division of Corporations** 

TO:

2010 Project, LLC SUBJECT: 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: Jeffrey Sole and Ronnie G. Gollehon Name of Person 2010 Project, LLC Firm/Company 514 N. Nelson Street Address 22203 Arlington, Virginia City/State and Zip Code jeffsole@comcast.net E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Jeffrey Sole and Ronnie G. Gollehon 703 Name of Person Area Code & Daytime Telephone Number Enclosed is a check for the following amount: \$125.00 Filing Fee \$130.00 Filing Fee & \$155.00 Filing Fee & \$160.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) (additional copy is enclosed) **Mailing Address** Street/Courier Address Registration Section Registration Section **Division of Corporations** Division of Corporations P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	2040.1	Don't at 110		
2010 Project, LLC  (Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")				
ARTICLE II - A The mailing addr		of the principal office of the Limite	d Liability Company is:	
Principal Office	Address:	Mailing Address:		
514 N. Neison S Arlington, Virgin		514 N. Nelson Street Arlington, Virginia 2	22203	
(The Limited Liability business entity with a	Company cannot serve as its on active Florida registration.)	gistered Office, & Registered Age own Registered Agent. You must designate an i	individual or another	
	James Sole		- F11	
		Name	B 25 P ETARY U	
	6015 Alderfer Springs Drive		PHIZ: 3	
	Florida street address (P.O. Box NOT acceptable)		RATE S	
	Jacksonville, Fla.	. 32258 FL v, State, and Zip	A	
liability comp registered agent statutes relating	any at the place design and agree to act in this g to the proper and com	t and to accept service of process for ated in this certificate, I hereby acce capacity. I further agree to comply aplete performance of my duties, and as registered, agent as provided for	pt the appointment as with the provisions of all I am familiar with and	

Page 1 of 2 (CONTINUED)

Registered-Agent's Signature (REQUIRED)

FILED

The name and address of each Manager or Managing Member is as follows: PEB 25 PM 12: 32 SECRETARY OF STATE Title: Name and Address: TALLAHASSEE, FLORIDA "MGR" = Manager "MGRM" = Managing Member MGRM Ronnie G. Gollehon 2292 Lake Drive Pasadena Maryland 21122 **MGRM** Jeffrey Sole 514 N. Nelson Street Artington, Virginia 22203 (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: February 20, 2010 (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 peresentative 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.) Ronnie G. Gollehon and Jeffrey Sole Typed or printed name of signee Filing Fees: \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

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

\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)