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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

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G. MCLEOD

MAY - 6 2010

EXAMINER



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04/26/10--01042--023 **130.00

1.310-21163

COVER LETTER

Division of C			
SUBJECT: SOL De	esign, LLC		
	Name of Limi	ted Liability Company	
The enclosed Articles of	of Organization and fee(s) are	submitted for filing.	,
Please return all corres	pondence concerning this mat	ter to the following:	
Charles E. M	olnar		.:
	-	Name of Person	•
SOL Design,	LLC		
		Firm/Company	
308 East Jea	n Street		
		Address	·
Tampa, Florid	da 33604		
-		y/State and Zip Code	
mj03da06@v		for future annual report notification)	
For further information	concerning this matter, please	•	
Charles E. Molnar		at (813) 240-2425	
Name	of Person	Area Code & Daytime Telep	phone Number
Enclosed is a check for	or 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 Cl Tallahassee, FL 32301	ircle

ARTICLES OF ORGANIZATION F	OR FLORIDA LIMITED LIABILITY COMPANY
ARTICLE I - Name:	
The name of the Limited Liability Comp	any is:
SOL Design Studio, LLC	_
	ted Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address o Principal Office Address:	f the principal office of the Limited Liability Company is: Mailing Address:
SOL Design, LLC	SOL Design Studio, LLC
308 East Jean Street	308 East Jean Street
Tampa, Florida 33604	Tampa, Florida 33604
ARTICLE III - Registered Agent, Reg (The Limited Liability Company cannot serve as its or business entity with an active Florida registration.)	gistered Office, & Registered Agent's Signature: own Registered Agent. You must designate an individual or another
(The Limited Linbility Company cannot serve as its of	wn Registered Agent. You must designate an individual or another

Name 308 East Jean Street Florida street address (P.O. Box NOT acceptable) Tampa, Florida 33604 City, State, and Zip

3: 00 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 fumiliar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S.

Registered Agent's Signature (REQUIRED)

(CONTINUED) Page 1 of 2

مخا المجسول

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

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

<u>Title:</u>	Name and Address:
"MGR" = Manager	
"MGRM" = Managing Member	
MGRM	Charles E. Molnar
	308 East Jean Street
	Tampa, Florida 33604
MGR	Sollmar R. Molnar
	308 East Jean Street
	Tampa, Florida 33604
	•
(Use attachment if necessary)	
	e date of filing: (OPTIONAL) be specific and cannot be more than five business days prior
o days accer the date of ining.)	
REQUIRED SIGNATURE:	
,	
,	
REQUIRED SIGNATURE:	per or an authorized representative of a member.
REQUIRED SIGNATURE: Signature of a memb	per or an authorized representative of a member. ection 608.408(3), Florida Statutes, the execution stitutes an affirmation under the penalties of perjury

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)

Typed or printed name of signee