## 11000042863

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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
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SECRETARY OF STATE

T. CLINE
APR 1 1 2011
EXAMINER

## **COVER LETTER**

TO: Registration Section Division of Corpor		,
<b>SUBJECT:</b> 501	ares Ventures L	LC
	Name of Limited Liability Comp	oany
The enclosed Articles of Org	anization and fee(s) are submitted for filin	ng.
Please return all corresponde	nce concerning this matter to the following	g:
	Pache Co Name of Person	
	Name of Person	ıc
	Firm/Company	
141 Cr	undon Blud #137	
	Address	
Key Bis	cayne FL 3314 City/State and Zip Cod	9
	City/State and Zip Cod	
<u>morelle</u>	a partidas. net mail address: (to be used for future annual rep	> 2
		ort notification)  ARRY OF SI  305-6798
	erning this matter, please call:	F 79
Isabel Paul	rson at (305	ort notification)  ARRY OF STATE OF STA
Name of Pe	son Area Cod	e & Daytime Telephone Number
Enclosed is a check for the	ofollowing amount:	
\$125.00 Filing Fee \$1	30.00 Filing Fee & S155.00 Filing Certificate of Status Certified Contact (additional cope	Certificate of Status &
R D P.	egistration Section Registration Section Division of Corporations O. Box 6327 Clifton Eallahassee, FL 32314 2661 Ex	Courier Address tion Section to of Corporations Building tecutive Center Circle tissee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company is:	
Solares Ventur	
(Must end with the words "Limited Liabilit	y Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the pri	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
141 Crandon Blud #137 Key Biscayne FL 33149	141 Crandon Blvd #137 Key Biscayne FL 33149
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)	red Agent. You must designate an individual or another
The name and the Florida street address of the re	gistered agent are:
TSabel M.	
141 Crandon B	ress (P.O. Box NOT acceptable)
Key Biscay Ne City, Stal	
	ceant samples of process for the above stated limited

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)

(CONTINUED)

<u>litle:</u>	Name and Address:
MGR" = Manager	Name and Address:
MGRM" = Managing Member	•
MGRM	Isabel M. Pacheco
	141 Crandon BIVO #137
	Key Biscoyne FL 33149
NAC-0 N	Juge Partidas
10/0 K- 17	141 Crandon Blvd #137
	Key Biscay No. FL 33149
0 11	
MGRM	Yussil E. Alvalez
· • • • • • • • • • • • • • • • • • • •	6456 NW 109Th Are
	DOIAR FL 33178
Use attachment if necessary)	
•	
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EV: Effective date, if other that ective date is listed, the date mulays after the date of filing.)  REQUIRED SIGNATURE:	ust be specific and cannot be more than five business day of HASSEE, FLOREST
LE V: Effective date, if other that ective date is listed, the date mulays after the date of filing.)  REQUIRED SIGNATURE:	ust be specific and cannot be more than five business day N-8 PH 12: 5.
LE V: Effective date, if other that ective date is listed, the date mulays after the date of filing.)  REQUIRED SIGNATURE:	Jule Cobeco personative of a member.
LE V: Effective date, if other that ective date is listed, the date mulays after the date of filing.)  REQUIRED SIGNATURE:  Signature of a multiple of a mul	with the specific and cannot be more than five business day of STATE ASSEE FLORIDE STATE OF S
LE V: Effective date, if other that ective date is listed, the date mulays after the date of filing.)  REQUIRED SIGNATURE:  Signature of a mula contains an affirmation I am aware that any false	rember of an authorized representative of a member.  on 608.408(3), Florida Statutes, the execution of this document under the penalties of perjury that the facts stated herein are true. information submitted in a document to the Department of State
LE V: Effective date, if other that ective date is listed, the date mulays after the date of filing.)  REQUIRED SIGNATURE:  Signature of a multiple of a mul	ember of an authorized representative of a member.  on 608.408(3), Florida Statutes, the execution of this document under the penalties of perjury that the facts stated herein are true. information submitted in a document to the Department of State felony as provided for in s.817.155, F.S.)
LE V: Effective date, if other that ective date is listed, the date me days after the date of filing.)  REQUIRED SIGNATURE:  Signature of a me (In accordance with section constitutes an affirmation I am aware that any false constitutes a third degree	ember of an authorized representative of a member.  on 608.408(3), Florida Statutes, the execution of this document under the penalties of perjury that the facts stated herein are true. information submitted in a document to the Department of State felony as provided for in s.817.155, F.S.)
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of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)