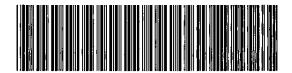
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(Red	questor's Name)	
(Add	dress)	
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(City	//State/Zip/Phon	e #)
PICK-UP	WAIT	MAIL
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(Doo	cument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to F	Filing Officer:	
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SECRETARY OF STATE

AH AHASSEE FLORID.

D. BRUCE

NOV 1 0 2011

**EXAMINER** 

EFFECTIVE DATE 0101 12

## **COVER LETTER**

•		ation Section of Corporations		
	SUBJECT: So	lar & Sons LLC		
		Name of Lim	ited Liability Company	
	The enclosed Art	icles of Organization and fee(s) ar	e submitted for filing.	•
	Please return all o	correspondence concerning this ma	atter to the following:	
	Daniel I	Hatcher		
	<del> </del>		Name of Person	
	Solar &	Sons		
	<del></del>		Firm/Company	
	4702 B	ullock ct.		
	<u> </u>		Address	
	Tampa, I	FI 33624		338
	D!-! 1		ity/State and Zip Code	ARE OF T
	Daniel.J	on.Hatcher@gmail.com		SSR AR
	For further inform	pation concerning this matter, plea	I for future annual report notification) se call:	THO 32 IT
	Daniel Hatche		912 0054054	MIZ: 40 OF STATE E. FLORIDA
		Name of Person	at ( Area Code & Daytime Telephone	e Number
V	Enclosed is a che \$125.00 Filing Fe	eck for the following amount:  ee \$\ins\$\$130.00 Filing Fee & Certificate of Status	Certified Copy Ce (additional copy is enclosed) Ce	60.00 Filing Fee, ertificate of Status & ertified Copy ditional 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 & Sons LLC		
(Must end with the words	"Limited Liability Company, "L.L.C.," or "LLC.")	<del></del>
ARTICLE II - Address: The mailing address and street addr	ess of the principal office of the Limited	Liability Company is:
Principal Office Address:	Mailing Address:	
4702 Bullock ct.		
Tampa, FI 33624		
	Registered Office, & Registered Agents its own Registered Agent. You must designate an irtion.)	
The name and the Florida street add	ress of the registered agent are:	مرشد
Daniel Hatche	er	ALL!
	Name	
4702 Bullock of	t.	AR)
	orida street address (P.O. Box NOT acceptable)	THE ME
Tampa	<sub>FL</sub> 33624	25 25 D
	City, State, and Zip	NOA THE
liability company at the place de registered agent and agree to act in statutes relating to the proper and	gent and to accept service of process for t signated in this certificate, I hereby accep this capacity. I further agree to comply v complete performance of my duties, and t ition as registered agent as provided for it	t the appointment as vith the provisions of all I am familiar with and

(CONTINUED)

Page 1 of 2

Registered-Agent's Signature (REQUIRED)

EFFECTIVE DATE 0/01/12

<u>Title:</u> "MGR" = M "MGRM" =	lanager Managing Member	Name and Address:
CEO	<del></del>	Daniel Hatcher 4702 Bullock ct Tampa, Fl 33624
	·	
(Use attachn	nent if necessary)	
LE V: Effective date	tive date, if other than	the date of filing: January 1st, 2012 (OPTIO st be specific and cannot be more than five business of
LE V: Effective date days after t	tive date, if other than is listed, the date mushe date of filing.)  O SIGNATURE:	st be specific and cannot be more than five business
LE V: Effective date days after to	etive date, if other than is listed, the date must he date of filing.)  D SIGNATURE:  Signature of a the maccordance with section on the section are aware that any false in	st be specific and cannot be more than five business