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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

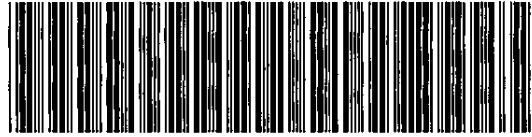
(Business Entity Name)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
15 MAR - 6 AM 9:26

C.L.
3-25-15

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SOLIDARITY INVESTMENT GROUP OF FLORIDA, 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:

JEAN-CLAUDE SAINT-FORT
Name of Person

SOLIDARITY INVESTMENT GROUP OF FLORIDA, LLC
Firm/Company

124 W 19TH STREET
Address

APOPKA, FLORIDA 32703
City/State and Zip Code

SOLIDARITYINVESTMENTGROUPFL@GMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JEAN-CLAUDE SAINT-FORT at (407) 666-9649
Name of Person 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

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

SOLIDARITY INVESTMENT GROUP OF FLORIDA, 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:

Mailing Address:

6861 W COLONIAL DR STE 1
ORLANDO, FL 32818

C/O Jean-Claude Saint-Fort
124 W 19th Street
Apopka, FL 32703

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:

COLBERT PRADEL

Name

5439 SPRING HILL DRIVE # 8

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


ORLANDO FL 32808

City

FL

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 605, F.S.



Registered Agent's Signature (REQUIRED)

(CONTINUED)

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ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company.

<u>Title:</u>	<u>Name and Address:</u>
"AMBR" = Authorized Member	
"MGR" = Manager	
<u>MGR</u>	<u>JEAN-CLAUDE SAINT-FORT</u> <u>124 W 19TH STREET</u> <u>APOPKA, FL 32703</u>
<u>AMBR</u>	<u>KHOLBER-MHOISE SHAUWN-WHILLER</u> <u>2414 PALMETTO RIDGE DR</u> <u>APOPKA, FL 32712</u>
<u>MGR</u>	<u>BLONDINE VANCOL</u> <u>1720 E POLLOCK RD</u> <u>LAKELAND, FL 33813</u>
<u>AMBR</u>	<u>NADEGE DESFORGES</u> <u>933 TORREY DR</u> <u>ORLANDO, FL 32818</u>

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (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.)

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:

Jean-Claude Saint-Fort

Signature of a member or an authorized representative of a member.
(In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

JEAN-CLAUDE SAINT-FORT
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)