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To:

Division of Corporations

Fax Number : (850) 617-6381

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Account Name : C T CORPORATION SYSTEM

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FLORIDA LIMITED LIABILITY CO. **Appian Sol LLC**

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S. GILBERT

7/13/2015 2:28:28 PM From: To: 8506176381(2/4)

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Applan Soi LLC Name of L	imited Liability Company	
The enclosed Articles of Organization and fee(s) are submitted for filling. Please return all correspondence concerning this matter to the following:		
Jonathan A. Eklin	Name of Person	
Apples Soi LLC	Firm/Company	
190 Crascent Drive		
Address		
Punta Gorda, FL 33950 City/State and Zip Code		
lon alkin@uhs.com B-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
Jonathan A. Ektin ar (952) 404-3781 Area Code Daytime Te	lephone Number
Enclosed is a check for the following amount:		
☑ \$125.00 Filing Pee ☐ \$130.00 Filing Pee & Cortificate of Status	Centified Copy (additional copy is enclosed)	Oslicate of Status & Certificate of Status & Certified Copy (additional copy is enclased)
Mailing Address Registration Section Division of Corporations P.O. Box 6327 Talinhassee, PL 32314	Street/Courier Adding Registration Section Division of Corporate Clifton Building 2661 Executive Central Page 2234	tions ter Circle

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ARTICLES OF ORGANIZATION OF APPIAN SOL LLC

The undersigned, for the purpose of forming a limited liability company under the Florida Limited Liability Company Act, Florida Statutes Chapter 605, hereby makes, acknowledges, and files the following Articles of Organization.

ARTICLE 1. NAME

The name of the limited liability company shall be Appian Sol LLC (the "Company").

ARTICLE 2. ADDRESS

The principal place of business of the Company in Florida shall be 190 Crescent Drive, Punta Gorda, Florida 33950, and the mailing address shall be the same.

ARTICLE 3. PRINCIPAL OFFICE; REGISTERED OFFICE AND REGISTERED AGENT

The address of the principal office of the Company is 190 Crescent Drive, Punta Gorda, Florida 33950. The name and address of the registered agent of this Company is Jonathan Eklin, 190 Crescent Drive, Punta Gorda, Florida 33950.

ARTICLE 4. MANAGER(S) OR MANAGING MEMBER(S)

TTTLE

NAME AND ADDRESS

Member

Jonathan Eklin 190 Crescent Drive Punta Gorda, Florida 33950

ARTICLE 5. EFFECTIVE DATE

These Articles of Organization shall be effective immediately upon filing with the Secretary of State, State of Florida.

ARTICLE 6. PURPOSES AND POWERS

The Company is organized for the purpose of transacting any lawful business for which a limited liability company may be organized under the laws of the State of Florida. The Company shall have all the powers granted to a limited liability company under the laws of the State of Florida.

IN WITNESS WHEREOF, the undersigned, the sol member of the Company, has made and subscribed these Articles of Organization for the foregoing uses and purposes, on July 13, 2015.

Jonathan/Eklin

ACCEPTANCE OF REGISTERED AGENT DESIGNATED IN ARTICLES OF ORGANIZATION

Having been named as registered agent and to accept service of process for the above state 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 property 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..

Jonathan Eklin