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(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificate:	s of Status
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Special Instructions to	Filing Officer:	
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COVER LETTER

	New Filing Section Division of Corporations			
SUBJEC	Solace Advancement of Florida, I	TC		
SOMEC		Limited Liability Company		
The encle	osed Articles of Organization and fee(s) are submitted for filing.		
Please re	turn all correspondence concerning this	matter to the following:		
	James W. Carpenter			
		Name of Person		
		Firm/Company		
	26711 Woodward Avenue, #211			
		Address		
	Huntington Woods, Michigan 4807	0	201 7AL	
	jcarpenter@stivax.us	City/State and Zip Code	ALLAHASSI	ŕ
	<u> </u>	sed for future annual report notificat	tion)	
For further	r information concerning this matter, pl	ease call:		Ī
	James W. Carpenter	248 562-7284	<u>်သည်</u> <u>မှာ</u> …	Ĵ
	Name of Person	Area Code Daytime Telephor	ne Number	
Enclosed	l is a check for the following amount:			
\$125.00	Filing Fee \$130.00 Filing Fee & Certificate of Status		\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
	Mailing Address	Street Address		

New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDALIMITED LIABILITY COMPANY

	ment of Florida, LLC contain the words "Limited	Lighility Company	"LLC "or "LC"	
(tatust	Contain are words Limited	Claumity Company	, L.L.C., OI LILC.)	
RTICLE II - Address: he mailing address and str	eet address of the principal o	ffice of the Limited	l Liability Company is:	
<u>Pri</u>	ncipal Office Address:		Mailing Address	:
2000 Cheney Hi	ighway, Suite 103 #117	200	0 Chency Highway, Suite 103	#117
Titusville, Florid			sville, Florida 32780	
he Limited Liability Com other business entity with		Registered Agent. on.) I agent are:	nt's Signature: You must designate an indivi	dual or
The Limited Liability Comnother business entity with	pany cannot serve as its own han active Florida registration treet address of the registered James W. Carpenter	Registered Agent. on.) d agent are: Name		dual or
The Limited Liability Comnother business entity with	pany cannot serve as its own han active Florida registration treet address of the registered	Registered Agent. on.) I agent are: Name ay, Suite 103 #117	You must designate an indivi	JALI V
The Limited Liability Comnother business entity with	pany cannot serve as its own han active Florida registration treet address of the registered James W. Carpenter 2000 Cheney Highway	Registered Agent. on.) I agent are: Name ay, Suite 103 #117	You must designate an indivi	Āv
The Limited Liability Comnother business entity with	pany cannot serve as its own han active Florida registration treet address of the registered James W. Carpenter 2000 Cheney Highwa Florida street addres	Registered Agent. on.) I agent are: Name ay, Suite 103 #117 s (P.O. Box NOT)	You must designate an individual control of the con	TALI

(CONTINUED)

Title:	Name and Address:
"AMBR" = Author	
"MGR" = Manager AMBR / MGR	Inner M. Comenter
AMDK/MOK	2000 Chency Highway, Suite 103 #117
	Titusville, Florida 32780
	Treatment of the second
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EV: Effective date extive date is listed filling.) the date inserted in	t, if other than the date of filing: (OPTIONAL) the date must be specific and cannot be more than five business days prior to or this block does not meet the applicable statutory filing requirements, this date will
E V: Effective date ective date is listed of filing.) 'the date inserted in ment's effective date.	this block does not meet the applicable statutory filing requirements, this date will te on the Department of State's records.
E V: Effective date ective date is listed of filing.) The date inserted in ment's effective date. E VI: Other provision	this block does not meet the applicable statutory filing requirements, this date will te on the Department of State's records.
of filing.) If the date inserted in ment's effective date. E VI: Other provision of the pr	s, if other than the date of filing: (OPTIONAL) the date must be specific and cannot be more than five business days prior to or this block does not meet the applicable statutory filing requirements, this date will te on the Department of State's records. ons, if any. NATURE: Signature of a member or an authorized representative of a member. is document is executed in accordance with section 605.0203 (1) (b), Florida Statute m aware that any false information submitted in a document to the Department of Sta
E V: Effective date ective date is listed of filing.) the date inserted in ment's effective date. E VI: Other provisions of the course of the	s, if other than the date of filing:
E V: Effective date extive date is listed of filling.) the date inserted in ment's effective date E VI: Other provisional extension of the course of the cou	s, if other than the date of filing:
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