## L1700 213280

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T. SCOTT



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## COVER LETTER ....

ΓO: New Filing Section .
SUBJECT: Solomon leven of Company LLC Name of Limited Liability Company
$<$ 1 / $(1/2)^{3}$
SUBJECT: 00/0mon /PREED of Company LLC
Name of Limited Liability Company
·
The second and a single-section and fortal are submitted for filling
The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Solomon Vereen
Name of Person
Firm/Company
1316 S. Gibbs ST
Address
Plant City FL 33563  City/State and Zip Code
City/State and Zip Code
Solomon Vern Solomon / Reen VAhiou. Com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Solumon Vellen 4 404, 198-4013
JUNION / (LA) at ( 404) 198-101
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
S125.00 Filing Fee & S130.00 Filing Fee & Certificate of Status Certified Copy S160.00 Filing Fee,
(additional copy is enclosed) Certified Copy
(additional copy is enclosed)
Mailing Address Street Address
Mailing Address New Filing Section New Filing Section
Division of Corporations Division of Corporations

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 FLORIDA LIMITED LIABILITY COMPANY

(Must contain the words "Limited Liability Company, "L.L.J.," or "LLC.")

ARTICLE I - Name:

The name of the Limited Liability Company is:

ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:
Principal Office Address:  Blo S. (1565 ST)  PLANT City FL 3363  PLANT City FL 3363
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?
Solomon Vereen Name
1316 S. (11503 ST Florida street address (P.O. Box NOT acceptable)
Plant City FL 33563  City State 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)

200 - 200 -

<u>Fitle:</u> "AMBR" = Authorized Member "MGR" = Manager	Name and Address;
AMBR	Soloman Vecepa,
	Plant City ( 33563
Use attachment if necessary)	/ /
EV: Effective date, if other than ctive date is listed, the date mu f filing.) the date inserted in this block do	es not meet the applicable statutory filing requirements, this date will not be
ctive date is listed, the date mu f filing.)	at be specific and cannot be more than five business days prior to or 90 d les not meet the applicable statutory filing requirements, this date will not b
EV: Effective date, if other than ctive date is listed, the date muf filing.) the date inserted in this block denent's effective date on the Dep	at be specific and cannot be more than five business days prior to or 90 d les not meet the applicable statutory filing requirements, this date will not b

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)