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COVER LETTER

	Registration Section Division of Corporations
SUBJEC	REINALDO SOLANO ASSOCIATES , LLC
SUBJEC	Name of Limited Liability Company
The encl	osed Articles of Organization and fee(s) are submitted for filing.
Please re	turn all correspondence concerning this matter to the following:
	REINALDO SOLANO
	Name of Person
	REINALDO SOLANO ASSOCIATES , LLC
	Firm/Company
	8381 STELLING DR
	Address
	JACKSONVILLE, FL 32244
	City/State and Zip Code
	E-mail address: (to be used for future annual report notification)
For further	information concerning this matter, please call:
	REINALDO SOLANO 904 629-9163
	Name of Person Area Code Daytime Telephone Number
Enclosed	is a check for the following amount:
\$125.00	Filing Fee \$\ \times \text{S130.00 Filing Fee & Certified Copy (additional copy is enclosed)} \ \ \text{S160.00 Filing Fee, Certified Copy (additional copy is enclosed)} \ \ \ \text{S160.00 Filing Fee, Certified Copy (additional copy is enclosed)} \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
	Mailing AddressStreet AddressNew Filing SectionNew Filing SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, Fl. 323142661 Executive Center CircleTallahassee, Fl. 32301

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Page 1 of 2

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70 Title:	person authorized to manage and control the Limited Liability Company:	
MAMBR" = Authorized Member Member Manager AMBR	er Name and Address:	
TANK TO THE PARTY OF THE PARTY	REINALDO SOLANO	
Karana MGR	8381 STELLING DR JACKSONVILLE, FL 32244	
	REINALDO SOLANO 8381 STELLING DR JACKSONVILLE, FL 32244	
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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)