

L17000216103

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

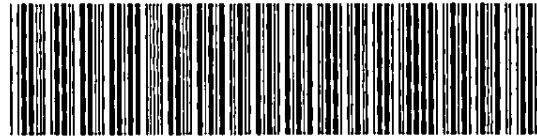
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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10/18/17--01025--011 \*\*130.00

RECEIVED  
SECRETARY OF STATE  
MASSACHUSETTS

17 OCT 18 AM 10:26

FILED

OCT 19 2017

K. Brumley

October 17, 2017

Division of Corporations

Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

Reference: Solana Investments LLC Florida Document Number L16000043127

Dear Department:

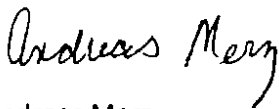
It has come to my attention that my Florida Limited Liability Company has been dissolved.

At this time I would ask that the department of state release my florida document number L16000043127 for my LLC Solana Investments LLC

Further, I am enclosing articles that I would like to file with the state for a new entity.

Thanking you for your assistance with these matters.

Sincerely,

A handwritten signature in cursive script that reads "Andreas Merz".

Andreas Merz

Managing Member

**COVER LETTER**

**TO: New Filing Section  
Division of Corporations**

**SUBJECT:** Solana Investments 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:

Andres Merz  
\_\_\_\_\_

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Firm/Company

709 Cape Coral Parkway W  
\_\_\_\_\_

\_\_\_\_\_  
Address

Cape Coral, FL 33914  
\_\_\_\_\_

\_\_\_\_\_  
City/State and Zip Code

merz.andreas@gmx.ch  
\_\_\_\_\_

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Linda Lepore  
\_\_\_\_\_

239  
\_\_\_\_\_

540-2612  
\_\_\_\_\_

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
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**

New Filing Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address**

New Filing Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Solana Investments LLC

(Must contain 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:

709 Cape Coral Parkway W

Same

Cape Coral, FL 33914

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:

Ron St. Clair

Name

709 Cape Coral Parkway W

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

Cape Coral

FL

33914

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)

FILED  
17 OCT 18 AM 10:28  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

**Name and Address:**

Andreas Merz

Zeughausstrasse 46

Galgenen Switzerland 8854

AMBR

Granada Investment of SWFL LLC

709 Cape Coral Parkway W

Cape Coral, FL 33914

(Use attachment if necessary)

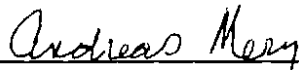
**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(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.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

**ARTICLE VI:** Other provisions, if any.

**REQUIRED SIGNATURE:**



**Signature of a member or an authorized representative of a member.**

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.

Andreas Merz

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)