

L17000222565

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

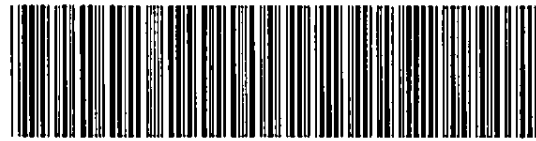
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Solar Air Flow LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Faigy Katz

Name of Person

Solar Air Flow LLC

Firm/Company

673 NE 3rd Ave, Apt 322

Address

Fort Lauderdale/Florida 33433

City/State and Zip Code

solarairflow@gmail.com

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

For further information concerning this matter, please call:

Jared Gruszczyński at (347) 344-8998

Name of Person	Area Code	Daytime Telephone Number
Jared Gruszczyński	347	344-8998

Enclosed is a check for the following amount:

☐ \$25.00 Filing Fee ☐ \$30.00 Filing Fee & Certificate of Status ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) ☒ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Solar Air Flow LLC

Page 1 of 3

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	Abe Katz	673 NE 3rd Ave, Apt 322, Fort Lauderdale FL, 33304	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Jared Gruszczynski	673 NE 3rd Ave, Apt 322, Fort Lauderdale, FL, 33304	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated November 7th, 2017



Signature of a member or authorized representative of a member

Jared Gruszczyński

Typed or printed name of signee

**Electronic Articles of Organization
For
Florida Limited Liability Company**

L17000222565
FILED 8:00 AM
October 26, 2017
Sec. Of State
nculligan

Article I

The name of the Limited Liability Company is:

SOLAR AIR FLOW LLC

Article II

The street address of the principal office of the Limited Liability Company is:

673 NE 3RD AVE
322
FORT LAUDERDALE, FL. 33433

The mailing address of the Limited Liability Company is:

673 NE 3RD AVE
322
FORT LAUDERDALE, FL. 33433

Article III

The name and Florida street address of the registered agent is:

FAIGY KATZ
673 NE 3RD AVE
322
FORT LAUDERDALE, FL. 33433

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.

Registered Agent Signature: FAIGY KATZ

Signature of member or an authorized representative

Electronic Signature: JARED GRUSZCZYNSKI

I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that 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. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.