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COVER LETTER

TO: New Filing Section Division of Corporations
SUBJECT: Solid Standings LLC Name of Limited Liability Company
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:
1 rease return air correspondence concerning this matter to the following.
Sryan Daniel Henry Name of Person
5598 Timberlane Rd Bacon A
Address
<u>₹</u> 2¥23
City/State and Zip Code City/State and Zip Code E-mail address: (to be used for future annual report notification)
E-mail ordress to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at (750) 693-2648 Area Code Daytime Telephone Number
Name of Persoo Area Code Daytime Telephone Number
Englosed is a check for the following amount:
\$125.00 Filing Fee & S155.00 Filing Fee & Certified Copy (additional copy is enclosed) \$130.00 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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

e name of the Lin	•				110	
	001	'id	Standing	J	4	
	(Must contain t	he words	Limited Liability Co	ompany, "	L.L.C" or "LL	C.")

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

Principal Office Address:	Mailing Address:
7959 Timbeleve Rd	9518 Timberlan Rd
Basena FL 32423	Basen FL SZ423

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:

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 l am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.

(CONTINUED)

ARTICLE V: The name and address of each person authorized to manage and control the Limited Liability Company: Title: "AMBR" = Authorized Member GGR = Manager (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: 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.

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)

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