

L1900000E9652

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

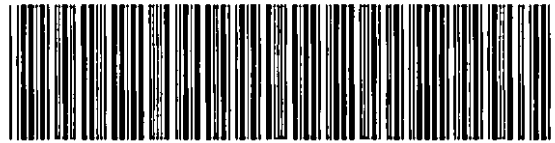
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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03/28/19--01026--013 ++155.00

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19 MAR 28 PM 3:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N CULLIGAN

APR 4 2019

GIORDANO, HALLERAN & CIESLA
A PROFESSIONAL CORPORATION
ATTORNEYS AT LAW

DEBORAH W. SEGNAN
PARALEGAL
dsegnan@ghclaw.com

(732) 741-3900
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www.ghclaw.com

March 26, 2019

Client/Matter No. 17174-0008

VIA FEDERAL EXPRESS

Florida Department of State
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

RE: Filing of Articles of Organization for Florida Limited Liability Company

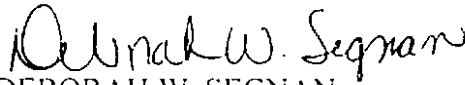
Dear Sir or Madam:

Enclosed please find the Articles of Organization of Stavola Solar Farm, LLC (the "Articles"). Also enclosed please find our check in the amount of \$155.00 which represents the filing fee and certified copy fee. Kindly provide us with a certified copy of the Articles and forward to my attention via Federal Express. I have enclosed a pre-paid Federal Express air bill and envelope for your use in returning the filed Articles to my attention at:

Deborah Segnan
Giordano, Halleran & Ciesla, P.C.
125 Half Mile Road, Suite 300
Red Bank, New Jersey 07701

If you have any questions, please contact me at (732) 741-3900. Thank you.

Very truly yours,


DEBORAH W. SEGNAN

Enclosures
cc: John L. Sikora, Esq.

Docs #3691794-v1

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Stavola Solar Farm, 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:

Deborah Segnan, Paralegal

Name of Person

Giordano, Halleran & Ciesla, PC

Firm/Company

125 Half Mile Road, Suite 300

Address

Red Bank, New Jersey 07701

City/State and Zip Code

williamstavola@gmail.com

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

For further information concerning this matter, please call:

Deborah Segnan

732

741-3900

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:

Stavola Solar Farm, 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:

2531 SE 40th Street
Ocala, FL 34480

2531 SE 40th Street
Ocala, FL 34480

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:

William Stavola

Name

2531 SE 40th Street

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

Ocala

FL

34480

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..

By: [Signature]

Name: William Stavola

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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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

MGR

Name and Address:

Carol Stavola

276 Conover Lane

Red Bank, NJ 07701

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TALLAHASSEE, FLORIDA

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(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: By _____

Name: Carol Stavola

Title: Manager

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.

Carol Stavola

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)