

5/26/2020

Division of Corporations
Florida Department of State
Division of Corporations
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2020 MAY 26 PM 4:56

To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : CORPORATION SERVICE COMPANY
Account Number : I20000000195
Phone : (850)521-0821
Fax Number : (850)558-1515

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2020 MAY 26 AM 9:36

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FLORIDA LIMITED LIABILITY CO.**Solara Distribution, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

ARTICLES OF ORGANIZATION
OF
SOLARA DISTRIBUTION, LLC

ARTICLE I: - Name

The name of the Limited Liability Company is: Solara Distribution, LLC

ARTICLE II: - Address

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

12955 Biscayne Boulevard
Suite 207
Miami, Florida 33181

ARTICLE III: - Registered Agent, Registered Office, & Registered Agent's Signature

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

Corporation Service Company
1201 Hays Street
Tallahassee, Florida 32301

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.

Corporation Service Company, Registered Agent

By: *Amanda Robinson*
Name: Amanda Robinson
Title: Asst. Vice President

SECRETARY OF STATE
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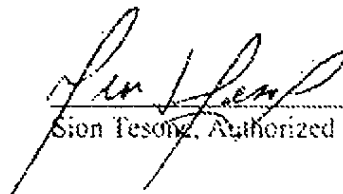
5/26

ARTICLE IV: - Management

The name and address of the person or entity authorized to manage and control the limited liability company is as follows:

<u>Title:</u>	<u>Name and Address:</u>
Manager	Sion Tesone 12955 Biscayne Boulevard Suite 207 Miami, Florida 33181

IN WITNESS WHEREOF, the undersigned has executed these Articles of Organization on May 26, 2020.



Sion Tesone, Authorized Signer

(In accordance with section 605.0203(1)(b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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 Section 817.155, Florida Statutes.)

Sion Tesone
Typed or printed name of signee