Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H20000316648 3)))



H200003166483ABC/

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : M. BURR KEIM COMPANY

Account Number : I19990000242 Phone : (215)563-8113 Fax Number : (215)977-9386

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

Emnil	Address:			
tmall.	Address:			

## FLORIDA LIMITED LIABILITY CO.

## Solano 1920, LLC

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

Electronic Filing Menu Corporate Filing Menu

Help D O'KEEE SEP 1 4 2029

Page: 2 of 3

(((H200003166483)))

To:

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY ARTICLE I - Name: The name of the Limited Liability Company is: Solano 1920, 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 Mailing Address: Principal Office Address: 1181 Stillwood Court 1181 Stillwood Court Port Orange, FL 32129 Port Orange, FL 32129 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

Cindy F. Sparco Name 1181 Stillwood Court Florida street address (PO Box NOT acceptable) Port Orange 7Jp City

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 again as provided for in Chapter 605. FS

(CONTINUED)

((((H200003166483)))

(Use attachment if necessary)  ICLE V: Effective date, if other than the date of filing	od Court FL 32129  (OPTIONAL)
(Use attachment if necessary)  ICLE V: Effective date, if other than the date of filing	(OPTIONAL)
CLE V: Effective date, if other than the date of filing	(OPTIONAL)
CLE V: Effective date, if other than the date of filing	(OPTIONAL)
CLE V: Effective date, if other than the date of filing	(OPTIONAL)
CLE V: Effective date, if other than the date of filing	(OPTIONAL) : be more than five business days prior to or 90 days :
CLE V: Effective date, if other than the date of filing	(OPTIONAL) : be more than five business days prior to or 90 days :
CLE V: Effective date, if other than the date of filing	(OPTIONAL) : be more than five business days prior to or 90 days :
CLE V: Effective date, if other than the date of filing	(OPTIONAL)  be more than five business days prior to or 90 days :
CLE V: Effective date, if other than the date of filing	(OPTIONAL) be more than five business days prior to or 90 days :
effective date is listed, the date must be specific and cannot te of filing.)  If the date inserted in this block does not meet the application occurrent's effective date on the Department of State's reconstitute.  REQUIRED SIGNATURE:  Signature of a member or an automatic document is executed in accordance.	(OPTIONAL)  be more than five business days prior to or 90 days:
Signature of a member or an au This document is executed in accordance	i
This document is executed in accordance	7/2
constitutes a third degree felony as provi	orized representative of a member. with section 605 D203 (1) (b). Florida Statutes mitted in a document to the Department of State led for in s 817 155. F S
Cmdv F. Sparco , Manager	2 資金
Typed or prin	ed name of signee
Filing  \$125.00 Filing For Articles of Organization and	ed name of signee
\$ 30.00 Certified Copy (Optional)	ees:
\$ 5.00 Certificate of Status (Optional)	and the second s