

421000102911

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



900359786769

03/13/21--01021--001 \*\*153.00

FILED

2021 MAR 30 AM 7:25

FILED

ALLAHMOORE, FL

DATE 2021 FEB 12 PM 2:56

ALLAHMOORE, FL

3/31/21 CORPORATE DETAIL RECORD SCREEN 11:24 AM  
NUM: L21000102911 ST:FL ACTIVE/FL LIM LIAB FLD: 02/12/2021  
TOTAL CONTR: 0.00  
NAME : SOLELY FAB LLC  
PRINCIPAL: 1317 EDGEWATER DR #2656  
ADDRESS ORLANDO, FL 32804  
RA NAME : MILLER, KELLY  
RA ADDR : 1317 EDGEWATER DR #2656  
ORLANDO, FL 32804  
ANN REP : \* NONE FILED \*

1454 Avon Lane Apt 23  
N. Lauderdale, FL 33065

1. MENU, 3. MGR/MEM, 7. LIST, 8. NEXT, 9. PREV

ENTER SELECTION AND CR:

COVER LETTER

TO: New Filing Section  
Division of Corporations

SUBJECT: Solely Fab, 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:

Nikia Edwards  
Name of Person

Solely Fab, LLC  
Firm/Company

1317 Edgewater Dr. #2656

Address

Orlando, FL 32804

City/State and Zip Code

contact@solelyfab.com

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

For further information concerning this matter, please call:

Nikia Edwards at 954 667-8317  
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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

2021 MAR 30 AM 7:25

2021 FEB 22 AM 2:56

**ARTICLE IV-**

The name and address of each person authorized to manage and control the Limited Liability Company:

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

**Name and Address:**

Nikia Edwards  
1317 Edgewater Dr, #2656  
Orlando, FL 32804

(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:**

Nikia Edwards

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.

Nikia Edwards

Typed or printed name of signer

**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)

FILED  
2021 FEB 12 PM 2:56  
CLERK OF COURT  
STATE OF FLORIDA