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(Requestor's Name)			
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115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 **866.625.0838** COGENCYGLOBAL.COM

Date: April 27, 2021		Account#: I2000000088		
Name: ERIC HOOD				
Reference #:		<u> </u>		
Entity Name:		SOLA, LLC		
✓ Articles of Incorpo	oration/Authorizati	on to Transact Business		
Amendment				
Change of Agent				
Reinstatement				
Conversion				
Merger				
☐ Dissolution/Withd	rawal			
☐ Fictitous Name				
✓ Other		CERTIFIED COPY		
Authorized Amount:	\$155.00			
Signature:	Cric Hood			

FILED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY 2021 APR 27 APR 9: 09

ARTICLE I - Name:			2500
he name of the Limited Liability Cor	mpany is:		SECRETARY : TALLAMASS
	DIVE		10 FFW1-483
****	1.0	lma Sola, LLC	
(Must contain th	e words "Limited	Liability Compan	y, "L.L.C" or "LLC.")
RTICLE II - Address; he mailing address and street address	s of the principal o	office of the Limit	ed Liability Company is:
<u>Principal Of</u>	fice Address:		Mailing Address:
777 Brickell Avenue		77	77 Brickell Avenue
Suite 1200			ite 1200
Miami, FL 33131		$\overline{\underline{N}}$	liami, FL 33131
	JM	GS 1 Capital, L	LC
		Name	
	777 Brickell	Avenue, Suite	1200
Flo	orida street addres	s (P.O. Box <u>NOT</u>	acceptable)
	Miami	FL	33131
	City	State	Zip
ice designated in this certificate. There	eby accept the appoints of all statutes re	ointment as registe clating to the prop	he above stated limited liability company at the cred agent and agree to act in this capacity. A er and complete performance of my duties, an
		as registered agen	
_	I	us registored agen	

(CONTINUED)

<u>Title:</u>	Same and Address:		
MGR	PW Equity Ventures II, LLC		
	777 Brickell Avenue, Suite 1200		
	Miami, FL 33131		
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			9: 09
(Use attachme	ent if necessary)	(गि	9
(If an effective date is in the date of filing.) <u>Note:</u> If the date inser	e date, if other than the date of filing:		
the document's effecti	we date on the Department of State's records.		
ARTICLE VI: Other p	rovisions, if any.		
			
REOUIRED	SIGNATURE:		
	Miles		
	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.		
	Gavin Beekman, Authorized Signatory		
	Typed or printed name of signee		
	`1		

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)