

8/16/2021

L21000376575

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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.

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H210003084263ABC

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To:

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

From:

Account Name : PEREZ ARCHE AN ACCOUNTING & TAX SERVICES INC
Account Number : I20070000033
Phone : (305)649-7040
Fax Number : (305)643-3237

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

Email Address: AraicaIsabel@gmail.com

**FLORIDA LIMITED LIABILITY CO.
SOLIANIS GROUP LLC**

| | |
|-----------------------|----------|
| Certificate of Status | 0 |
| Certified Copy | 0 |
| Page Count | 01 |
| Estimated Charge | \$125.00 |

J14

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: SOLIANIS GROUP 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:

Ana Isabel Araica
Name of Person

Paraz Arche And Accounting And Tax Services
Firm/Company

4011 W. FLAGLER ST ste 501
Address

Coral Gables, FL 33134
City/State and Zip Code

Araica.isabel@gmail.com
E-mail address: (to be used for future annual report notification.)

For further information concerning this matter, please call:

Ana Isabel Araica 305 649-7040
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|---|---|---|
| <input type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee & Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) | <input type="checkbox"/> \$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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

SOLIANIS Group 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:

1750 NW 107th Ave Ste P209
Miami - FL 33172

Mailing Address:

1750 NW 107th Ave Ste P209
Miami - FL 33172

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:

Antonia Ramos
Name
1750 NW 107th Ave Ste P209
Florida street address (P.O. Box ~~NOT~~ acceptable)
Miami FL 33172
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.

Antonia Ramos
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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:**Antonia Ramos
1450 NW 107th AVE Ste P209
MIAMI - FL 33142

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 08-20-2021 (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.Please Add : EIN Number 07-2118713**REQUIRED SIGNATURE:**Antonia Ramos

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.

Antonia Ramos

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)

RE-FAX

850-617-6381

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August 20, 2021

FLORIDA DEPARTMENT OF STATE
Division of Corporations

PEREZ

SUBJECT: SOLIANIS GROUP LLC
REF: W21000114957

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The effective date is not acceptable since it is not within five working days of the date of receipt.

If you have any further questions concerning your document, please call (850) 245-6052.

Tyrone Scott
Regulatory Specialist II
New Filings Section

FAX Aud. #: H21000308426
Letter Number: 521A00019983

RE-FAX

850-617-6381

8/18/2021 11:53:52 AM PAGE 1/001 Fax Server



August 18, 2021

FLORIDA DEPARTMENT OF STATE
Division of Corporations

PEREZ ARCHE AN ACCOUNTING & TAX SERVICES INC

SUBJECT: SOLAINIS GROUP LLC
REF: W21000114018

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The document is illegible and not acceptable for imaging.

If you have any further questions concerning your document, please call (850) 245-6052.

Karen Lovelace
Regulatory Specialist II
New Filing Section

FAX Aud. #: B21000308426
Letter Number: 521A00019775