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Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850)617-6381

From:
Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.
Account Number : 075350000353
Phone : (800)221-2972
Fax Number : (917)243-5843

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

Email Address: _____

FLORIDA LIMITED LIABILITY CO. SOL FL LLC

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

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2021 DEC -7 PM 4:52

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

2021 DEC -7 AM 3:06

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

SOL FL 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:Mailing Address:

1351 Waterford Oak Drive, Suite 207

Orlando, FL 32828

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:

Anupam Yadav

Name

1351 Waterford Oak Drive, Suite 207

Florida street address (P.O. Box **NOT** acceptable)

Orlando

FLORIDA

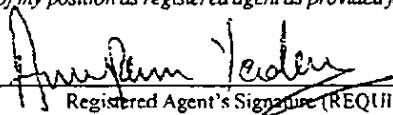
32828

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..



Registered Agent's Signature (REQUIRED)

(CONTINUED)

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

Name and Address:

"MGR" = Manager

Anupam Yadav
29 Cedar Drive
Great Neck, NY 11021

Shruti Yadav
29 Cedar Drive
Great Neck, NY 11021

[illegible]

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

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.

Figure 1

(a) \log_{10} fold change of gene expression between the two conditions.

(b) \log_{10} fold change of gene expression between the two conditions.

(c) \log_{10} fold change of gene expression between the two conditions.

(d) \log_{10} fold change of gene expression between the two conditions.

(e) \log_{10} fold change of gene expression between the two conditions.

(f) \log_{10} fold change of gene expression between the two conditions.

(g) \log_{10} fold change of gene expression between the two conditions.

(h) \log_{10} fold change of gene expression between the two conditions.

(i) \log_{10} fold change of gene expression between the two conditions.

(j) \log_{10} fold change of gene expression between the two conditions.

(k) \log_{10} fold change of gene expression between the two conditions.

(l) \log_{10} fold change of gene expression between the two conditions.

(m) \log_{10} fold change of gene expression between the two conditions.

(n) \log_{10} fold change of gene expression between the two conditions.

(o) \log_{10} fold change of gene expression between the two conditions.

(p) \log_{10} fold change of gene expression between the two conditions.

(q) \log_{10} fold change of gene expression between the two conditions.

(r) \log_{10} fold change of gene expression between the two conditions.

(s) \log_{10} fold change of gene expression between the two conditions.

(t) \log_{10} fold change of gene expression between the two conditions.

(u) \log_{10} fold change of gene expression between the two conditions.

(v) \log_{10} fold change of gene expression between the two conditions.

(w) \log_{10} fold change of gene expression between the two conditions.

(x) \log_{10} fold change of gene expression between the two conditions.

(y) \log_{10} fold change of gene expression between the two conditions.

(z) \log_{10} fold change of gene expression between the two conditions.

REQUIRED SIGNATURE:

SIGNATURE: *Amber Vaden*
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.

Anupam Yadav
Typed or printed name of signee

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)