

L22000512850

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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(Business Entity Name)

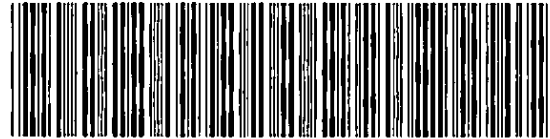
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Certified Copies _____

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S. CHATHAM
DEC - 8 2022

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
NOV - 7 PM 2:17

11/07/22-01:16:01 \$100.00

2022 NOV 30 PM 3:01



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 1, 2022

CAPITAL CONNECTION, INC.

SUBJECT: SOLA FIDE, LLC
Ref. Number: W22000147384

We have received your document for and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is P04000099792.

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

Summer Chatham
Regulatory Specialist II
New Filing Section

Letter Number: 822A00026590

RECEIVED
2022 DEC -7 PM 3:53
TALLAHASSEE, FLORIDA

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

SOLA FIDE LLC

Signature _____

Requested by:

Name _____

Date _____

Time _____

Walk-In _____

Will Pick Up _____

____ Art of Inc. File _____
____ LTD Partnership File _____
____ Foreign Corp. File _____
____ L.C. File _____
____ Fictitious Name File _____
____ Trade/Service Mark _____
____ Merger File _____
____ Art. of Amend. File _____
____ RA Resignation _____
____ Dissolution / Withdrawal _____
____ Annual Report / Reinstatement _____
____ Cert. Copy _____
____ Photo Copy _____
____ Certificate of Good Standing _____
____ Certificate of Status _____
____ Certificate of Fictitious Name _____
____ Corp Record Search _____
____ Officer Search _____
____ Fictitious Search _____
____ Fictitious Owner Search _____
____ Vehicle Search _____
____ Driving Record _____
____ UCC 1 or 3 File _____
____ UCC 11 Search _____
____ UCC 11 Retrieval _____
____ Courier _____

ARTICLES OF ORGANIZATION
OF
SOLA FIDE CL, LLC

ARTICLE I - NAME

The name of the limited liability company is SOLA FIDE CL, LLC, ("company").

ARTICLE II - ADDRESS

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

1127 N. Bay Drive
Lynn Haven, Florida 32444

Mailing Address:

1127 N. Bay Drive
Lynn Haven, Florida 32444

ARTICLE III - REGISTERED AGENT,
REGISTERED OFFICE, & REGISTERED AGENT'S SIGNATURE

The name and the Florida street address of the registered agent are:

Derek A. Carlson
1127 N. Bay Drive
Lynn Haven, Florida 32444

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.



Derek A. Carlson

ARTICLE IV - MANAGERS OR MEMBERS

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

Title:
"MGR" - Manager
"AMDR" - Authorized Member

Name and Address:

MGR

Derek A. Carlson
1127 N. Bay Drive
Lynn Haven, Florida 32444

MGR

Elizabeth M. Carlson
1127 N. Bay Drive
Lynn Haven, Florida 32444

SEC-7 PM 2:47
DIVISION
FIVE

REQUIRED SIGNATURE:



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.

Derek A. Carlson

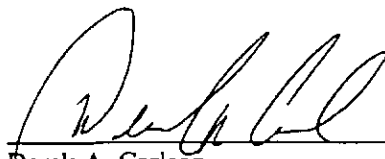
Typed or printed name of signer

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 605.0113, FLORIDA STATUTES,
THE UNDERSIGNED LIMITED LIABILITY COMPANY SOLA FIDE CL, LLC, SUBMITS
THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND
REGISTERED AGENT IN THE STATE OF FLORIDA:

1. The name of the Limited Liability Company is SOLA FIDE CL, LLC.
2. The name and the Florida street address of the registered agent and office are:
Derek A. Carlson
1127 N. Bay Drive, Lynn Haven, Florida 32444 (Post office box is NOT
acceptable.)

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, Florida Statutes.



Derek A. Carlson
Registered Agent

REC-7 PM 2:47
DIVISION OF CORPORATIONS
STATE OF FLORIDA