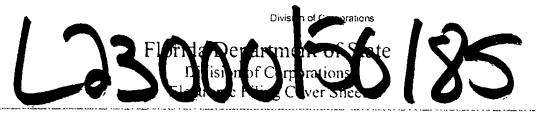
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## FLORIDA LIMITED LIABILITY CO.

## Sol Ceramics LLC

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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Sol C	Geramics LLC
(Must end with the words	"Limited Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the p	rincipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
220 9th Street SW	220 9th Street SW
Naples, FL 34117	Naples, FL 34117
The name and the Florida street address of the  Katherine Ortiz	
Katherine Ortiz	
<del>-</del>	Name
220 9th Street SV	<u>V</u>
Florida street address	(P.O. Box <u>NOT</u> acceptable)
Naples	FL 34117 Zip
City	Zip
the place designated in this certificate, I her capacity. I further agree to comply with the p	accept service of process for the above stated limited liability company a reby accept the appointment as registered agent and agree to act in this provisions of all statutes relating to the proper and complete performance the obligations of my position as registered agent as provided for in Chapter 605, F.S  — Docubigned by:
	LATHERINE ORTIZ
2 -	nt's Signature (KEQUIKED)
(C	ONTINUED)
	Page 1 of 2

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<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
AMBR	Katherine Ortiz
	220 9th Street SW
	Naples, FL 34117
_ <del></del>	
(Use attachment if necessary)	
ELE V: Effective date, if other than the da	te of filing: (OPTIONAL) specific and cannot be more than five business days prior to or 90
CLE V: Effective date, if other than the date ffective date is listed, the date must be s	
TLE V: Effective date, if other than the date ffective date is listed, the date must be see of filling.)	specific and cannot be more than five business days prior to or 94
CLE V: Effective date, if other than the date ffective date is listed, the date must be se of filling.)  CLE VI: Other provisions, if any.  REQUIRED SIGNATURE:	Docusigned by
CLE V: Effective date, if other than the date ffective date is listed, the date must be set of filling.)  CLE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a magnetic constitutes an affirmation I am aware that any false.	Docusigned by:  LITHERNE ORTH  1:50105850042444  nember or an authorized representative of a member.
CLE V: Effective date, if other than the date ffective date is listed, the date must be set of filling.)  CLE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a magnetic constitutes an affirmation I am aware that any false.	nember or an authorized representative of a member.  1605.0203 (1) (b), Florida Statutes, the execution of this document under the penalties of perjury that the facts stated herein are true. information submitted in a document to the Department of State

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