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.

(((H23000132181 3)))



H230001321813ABCV

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : MARIA XIMENA MARTINEZ

Account Number : 120220000054 Phone : (786)571-4129 Fax Number : (786)590-1744

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

Email Address: INFO@MODERNSOLUTIONSGROUP.NET

FLORIDA LIMITED LIABILITY CO. SOLK INVESTMENTS LLC

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Page Count	03
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COVER LETTER

Division of Co				
SUBJECT:	SOLK	NVESTME	NTS LLC	
Jobanet.	Name of Lim	ited Liabilit	y Company	
The enclosed Articles o	f Organization and fee(s) are	submitted f	or filing.	
Please return all corresp	ondence concerning this ma	tter to the fo	llowing:	
	MAF	IA XIMENA	MARTINEZ	
		Name of I	erson	
	MODER	N SOLUTIO	ONS GROUP	
		Firm/Con	npany	
	2424 W	. BRANDO	N BLVD #1282	
<u> </u>	11 11 11 11 11 11 11 11 11 11 11 11 11	Addre	3S	
	E	BRANDON,	FL 33511	
		ty/State and	Zip Code IONSGROUP.NET	
	E-mail address: (to be used	for future an	nual report notificati	on)
For further information co	oncerning this matter, please	cail:		
MARIA XIM	ENA MARTINEZ	786	571-4129	
Nan		ea Code	Daytime Telephone	Number
Enclosed is a check for	the following amount:			
≡\$125.00 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	Certified		□\$160.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
	ng Address		treet Address	
	Filing Section		lew Filing Section Di he Centre of Tallaha	
	on of Corporations Box 6327		ne Centre of Tallana 415 N. Monroe Stree	
	nassee, FL 32314		allahassee, FL 32301	

(((<u>H23000132181 3</u>)))

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	SOLK IN	VESTMENTS LL	C	
(Must contai	n the words "Limited	Liability Compar	iy, "L.L.C" or "LLC.")	
FICLE II - Address:				
mailing address and street add	lress of the principal c	office of the Limit	ed Liability Company is:	
<u>Principal</u>	Office Address:		Mailing Address:	
615 SE 2ND AVE		61	615 SE 2ND AVE	
CAPE CORAL FL 3399	0	<u></u>	APE CORAL FL 33990	
	annot serve as its owr	Registered Agen	gent's Signature: t. You must designate an individual o	
	annot serve as its owr tive Florida registration	n Registered Agen on.)		
: Limited Liability Company c ther business entity with an ac	annot serve as its owr tive Florida registration	n Registered Agen on.) d agent are:		
: Limited Liability Company c ther business entity with an ac	annot serve as its own tive Florida registration dress of the registere	n Registered Agen on.) d agent are:		
: Limited Liability Company c ther business entity with an ac	annot serve as its own tive Florida registration dress of the registere	n Registered Agen on.) d agent are: NOUE		
: Limited Liability Company c ther business entity with an ac	annot serve as its own tive Florida registration of the registere SANDRA RICO CHIP	n Registered Agen on.) d agent are: NIOUE Name	t. You must designate an individual o	
: Limited Liability Company c. her business entity with an act name and the Florida street ad	annot serve as its own tive Florida registration of the registere SANDRA RICO CHIM	n Registered Agen on.) d agent are: NIOUE Name	t. You must designate an individual o	

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..

Sandra Rico Chinique

Registered Agent's Signature (REQUILED)

(CONTINUED)

2023 APR 10 AM 5: 5

$(((\underline{\text{H23000132181 3}})))$

ARTICLE IV-

r . . .

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

Title:	Name and Ad 3R" = Authorized Member	dress:	
	t" = Manager		
MGR	SANDRA RICO CHINIQUE		
MON	615 SE 2ND AVE		
	CAPE CORAL FL 33990		
MGR	OSCAR RODRIGUEZ PER	IEZ	
	615 SE 2ND AVE		
	CAPE CORAL FL 33990		

(Use a	ttachment if necessary)		
(If an effective the date of filing Note: If the date	Effective date, if other than the date of filing: date is listed, the date must be specific and cannot be mor g.) te inserted in this block does not meet the applicable statute effective date on the Department of State's records.	e than five business days prior to or 90 days after	
	Other provisions, if any.		
REOL	ured signature: Sandra Rico C	minique ALL APR.	-{
	Signature of a member or an authorized i	representative of a member.	-
	This document is executed in accordance with sec	citori 000. 4 200 (1) (0), Florida St ateres .	
	I am aware that any false information submitted in	is a document to the Department of State size 1 s.817.155, F.S.	
	constitutes a third degree felony as provided for in	re t	
	SANDRA RICO CHINIQUE		
	Typed or printed name	of signee 2	

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)