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(Requestor's Name)

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(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

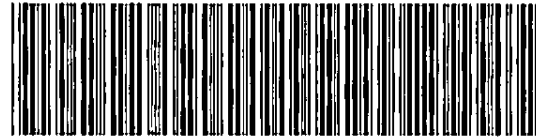
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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TALLAHASSEE, FLORIDA

UHS  
3-4-19

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: SOLI, LLC

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Ira Evan Weintraub, Esquire

Name of Person

Ira Evan Weintraub, P.A.

Firm/Company

5531 N. University Drive, Suite 103

Address

Coral Springs, Florida 33067

City/State and Zip Code

ira@icwlegal.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ira Evan Weintraub, Esquire

954

336-9152

Name of Contact Person

at ( )

Area Code

Daytime Telephone Number

**MAILING ADDRESS:**

Division of Corporations  
Registration Section  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET ADDRESS:**

Division of Corporations  
Registration Section  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☒ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &  
Certificate of Status

☐ \$155.00 Filing Fee &  
Certified Copy

☐ \$160.00 Filing Fee, Certificate  
of Status & Certified Copy

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS  
IN FLORIDA**

*IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:*

1. SOLI, LLC  
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. Delaware 3. \_\_\_\_\_  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. \_\_\_\_\_  
(Date first transacted business in Florida, if prior to registration)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 5531 N. University Drive, Suite 103 6. 5531 N. University Drive, Suite 103  
(Street Address of Principal Office) (Mailing Address)  
Coral Springs, Florida 33067 Coral Springs, Florida 33067

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

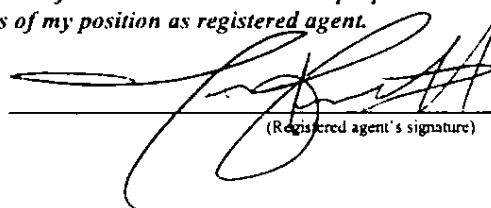
Name: Ira Evan Weintraub, P.A.  
Office Address: 5531 N. University Drive, Suite 103  
Coral Springs 33076  
(City) , Florida (Zip code)

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TALLAHASSEE, FLORIDA

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**Registered agent's acceptance:**

*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 application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*

  
(Registered agent's signature)

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

**Title or Capacity:**                      **Name and Address:**

☐ Manager                      Name: Ira Weintraub

☒ Member                      Address: 5531 N. University Drive

☐ Authorized                      Suite 103

Person                      Coral Springs, FL 33067

☐ Other \_\_\_\_\_                      ☐ Other \_\_\_\_\_

**Title or Capacity:**                      **Name and Address:**

☐ Manager                      Name: \_\_\_\_\_

☐ Member                      Address: \_\_\_\_\_

☐ Authorized                      \_\_\_\_\_

Person                      \_\_\_\_\_

☐ Other \_\_\_\_\_                      ☐ Other \_\_\_\_\_

☐ Manager                      Name: \_\_\_\_\_

☐ Member                      Address: \_\_\_\_\_

☐ Authorized                      \_\_\_\_\_

Person                      \_\_\_\_\_

☐ Other \_\_\_\_\_                      ☐ Other \_\_\_\_\_

☐ Manager                      Name: \_\_\_\_\_

☐ Member                      Address: \_\_\_\_\_

☐ Authorized                      \_\_\_\_\_

Person                      \_\_\_\_\_

☐ Other \_\_\_\_\_                      ☐ Other \_\_\_\_\_

☐ Manager                      Name: \_\_\_\_\_

☐ Member                      Address: \_\_\_\_\_

☐ Authorized                      \_\_\_\_\_

Person                      \_\_\_\_\_

☐ Other \_\_\_\_\_                      ☐ Other \_\_\_\_\_

☐ Manager                      Name: \_\_\_\_\_

☐ Member                      Address: \_\_\_\_\_

☐ Authorized                      \_\_\_\_\_

Person                      \_\_\_\_\_

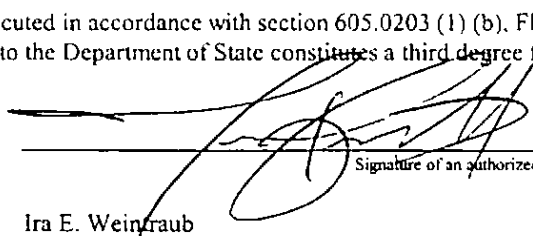
☐ Other \_\_\_\_\_                      ☐ Other \_\_\_\_\_

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2019 FEB 22 AM 10:15  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**Important Notice:** Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

10. 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.

  
\_\_\_\_\_  
Signature of an authorized person

Ira E. Weintraub  
\_\_\_\_\_  
Typed or printed name of signee

# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SOLI, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTIETH DAY OF FEBRUARY, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SOLI, LLC" WAS FORMED ON THE FOURTEENTH DAY OF JANUARY, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN ASSESSED TO DATE.



7237268 8300

SR# 20191175127

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

A handwritten signature in black ink, appearing to read "JB", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Authentication: 202290564

Date: 02-20-19

State of Delaware  
Secretary of State  
Division of Corporations  
Delivered 11:48 AM 01/14/2019  
FILED 11:48 AM 01/14/2019  
SR 20190242532 - File Number 7237268

CERTIFICATE OF FORMATION  
OF  
SOLI, LLC

FIRST: The name of the limited liability company is SOLI, LLC.

SECOND: The address of its registered agent in the State of Delaware is 3411 Silverside Road, Suite 104, Tatnall Building, Wilmington, DE, 19810, County of New Castle. The name of its registered agent at such address is Worldwide Incorporators Ltd.

THIRD: The purpose of the limited liability company shall be to engage in any lawful act or activity for which a limited liability company may be formed under the Limited Liability Company Law of the State of Delaware.

FOURTH: The limited liability company shall have perpetual existence unless dissolved by law.

FIFTH: The initial Member to form the limited liability company shall be:

Ira Weintraub  
5531 N. University Drive, Suite 103, Coral Springs FL 33067

SIXTH: The name and address of the person forming this limited liability company at the instruction of its member is as follows:

Worldwide Incorporators Ltd.  
3411 Silverside Road, Tatnall Building, Suite 104  
Wilmington, DE 19810

SEVENTH: The power to adopt, alter, amend, or repeal the Operating Agreement shall be vested in the members of this limited liability company.

EIGHTH: To the fullest extent permitted by law, no member of this limited liability company shall be personally liable to the limited liability company or its members for monetary damages for breach of fiduciary duty of such member. Without limitation of the above, in the event that Delaware law is amended to authorize further elimination of liability of members, then the liability of such members shall be eliminated to the fullest extent permitted under such amended law.

IN WITNESS WHEREOF, the undersigned has executed this Certificate of Formation of SOLI, LLC, this 10th day of January, 2019.

/s/ Jennifer Goetz  
Worldwide Incorporators Ltd. - Organizer  
By: Jennifer Goetz- Special Secretary