

NR900012005

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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.

(((H19000363001 3)))



H190003630013ABCX

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : LEGALINC CORPORATE SERVICES INC
Account Number : 120180000011
Phone : (844)386-0178
Fax Number : (214)317-4754

FILED
2019 DEC 17 PM 4:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Email Address: _____

Foreign Limited Liability Company
Solairy, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

Electronic Filing Menu Corporate Filing Menu Help



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. Solairy, L.L.C.
(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 (Jurisdiction under the law of which foreign limited liability company is organized)
3. (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. 570 NW 48 PL, Miami, FL 33126 (Street Address of Principal Office)
6. 570 NW 48 PL, Miami, FL 33126 (Mailing Address)

FILED
2019 DEC 17 PM 4:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Name: Norlen Delgado
Office Address: 570 NW 48 PL, Miami, Florida 33126
(City) (Zip code)

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: Norlen Delgado

Member Address: 570 NW 48 PL,

Authorized Miami, FL 33126

Person _____

Other _____ Other _____

Manager Name: _____

Member Address: _____

Authorized _____

Person _____

Other _____ Other _____

Manager Name: _____

Member Address: _____

Authorized _____

Person _____

Other _____ Other _____

Title or Capacity: Name and Address:

Manager Name: Carlos Estrada

Member Address: 16155 NW 64th Ave, Apt 227.

Authorized Miami, FL 33126

Person _____

Other _____ Other _____

Manager Name: _____

Member Address: _____

Authorized _____

Person _____

Other _____ Other _____

Manager Name: _____

Member Address: _____

Authorized _____

Person _____


Other _____ Other _____

FILED
 2019 DEC 17 PM 4:43
 SEC. 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 authorized person

Norlen Delgado

 Typed or printed name of signer

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SOLAIRY, 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 NINTH DAY OF DECEMBER, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SOLAIRY, LLC" WAS FORMED ON THE EIGHTH DAY OF NOVEMBER, A.D. 2019.

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

FILED
2019 DEC 17 PM 4:43
SECRETARY OF STATE
J. LAHA
FLORIDA



Jeffrey W. Bullock
Jeffrey W. Bullock, Secretary of State

7695114 8300

SR# 20198523386

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 204170344

Date: 12-09-19