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(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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COVER LETTER

Div	rision of Corporations
SUBJECT:	Arrow Signing Agents, LLC
SUBJECT	Name of Limited Liability Company
The enclose	d Articles of Organization and fee(s) are submitted for filing.
Please return	nall correspondence concerning this matter to the following:
	William Broyles II
-	Name of Person
	Arrow Signing Agents, LLC
	Firm/Company
	424 NE 1st Ave
	Address
	Ft. Lauderdale, FL 33301
· ·	City/State and Zip Code Villiam@ArrowSigningAgents.com
	E-mail address: (to be used for future annual report notification)
For further in	formation concerning this matter, please call:
	William Broyles II 704 562-5537 at ()
<u></u>	Name of Person Area Code Daytime Telephone Number
Enclosed is	a check for the following amount:
\$125.00 Fil	ing Fee \$\int_{\text{Status}} \\$155.00 \text{ Filing Fee & \text{Certificate of Status & Certified Copy (additional copy is enclosed)}} \\ \text{Certified Copy (additional copy is enclosed)} \\ \text{Certified Copy (additional copy is enclosed)}} \\ \text{Certified Copy (additional copy is enclosed)}} \\ \text{Certified Copy (additional copy is enclosed)}} \\ \text{Certified Copy (additional copy is enclosed)} \\ \text{Certified Copy (additional copy is enclosed)}} \\ \text{Certified Copy (additional copy is enclosed)} \\ \text{Certified Copy (additional copy is enclosed)}} \\ \text{Certified Copy (additional copy is enclosed)}} \\ \text{Certified Copy (additional copy is enclosed)} \\ \text{Certified Copy (additional copy is enclosed)}} \\ \text{Certified Copy (additional copy is enclosed)} \\ \ext{Certified Copy (additional copy is enclosed)} \\ \text{Certified Copy (additional copy is enclosed)} \\ Certified Copy (additiona

Registration Section

Mailing Address
New Filing Section
Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314

Street Address
New Filing Section
Division of Corporations
Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:				10 1100	
The name of the Limited Liab	Hity Company is:			16 MAY -6	PH 1:0
Arrow Signing Ag	ents, LLC			The second second	4 4 3 2 2 2
	d with the words "Limited	Liability Company	, "L.L.C.," or "LLC.")		`-/ Lòid,
ARTICLE II - Address: The mailing address and stree	address of the principal of	Tice of the Limited	Liability Company is:		
<u>Princ</u>	ipal Office Address:		Mailing Ad-	dress:	
424 NE 1st Ave			NE 1st Ave		
Pt. Landerdale, F1 ARTICLE III - Registered A (The Limited Liability Compa	gent, Registered Office, &	Et. 1. Registered Agent. N	auderdate, FL 33301 it's Signature:	individual or	
Ft. Landerdale, F1 ARTICLE III - Registered A (The Limited Liability Compa another business entity with a	gent, Registered Office, & ny cannot serve as its own n active Florida registration et address of the registered	Et. 1. & Registered Agent. No. 1.)	auderdate, FL 33301 it's Signature:	individual or	
Ft. Landerdale, F1 ARTICLE III - Registered A (The Limited Liability Compa another business entity with a	gent, Registered Office, & ny cannot serve as its own n active Florida registration	Et. 1. & Registered Agent. No. 1.)	auderdate, FL 33301 it's Signature:	individual or	
Ft. Landerdale, F1 ARTICLE III - Registered A (The Limited Liability Compa another business entity with a	gent, Registered Office, & ny cannot serve as its own n active Florida registration et address of the registered	Et. 1. & Registered Agent. No. agent are:	auderdate, FL 33301 it's Signature:	individual or	
Ft. Landerdale, F1 ARTICLE III - Registered A (The Limited Liability Compa another business entity with a	gent, Registered Office, & ny cannot serve as its own n active Florida registration et address of the registered William Broyles II	Registered Agent. Name	auderdale, FL 33301 it's Signature: You must designate an i	individual or	
	gent, Registered Office, & ny cannot serve as its own n active Florida registration et address of the registered William Broyles II 424 NE 1st Ave	Registered Agent. Name	auderdale, FL 33301 it's Signature: You must designate an i	individual or	

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

<u>l'itle:</u>	Name and Address:
	nthorized Member
MGR" = Mai	
MBR	William Broyles II
	424 NE 1st Ave
	Ft. Lauderdale, FL 33301
	The state of the s
	ar te a community
V: Effective tive date is I filing.) se date insert	date, if other than the date of filing: n/a (OPTIONAL) sted, the date must be specific and cannot be more than five business days prior to or ed in this block does not meet the applicable statutory filing requirements, this date will i
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