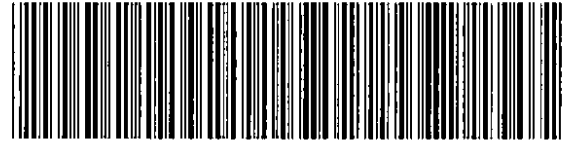


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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

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STATE

ANDREW R. ASSELIN
2913 NW 13th Street
Cape Coral, Florida 33993

December 19, 2023

NEW FILING SECTION
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Re: **ARA Holdings LLC**

Dear Sir/Madam:

Enclosed herewith please find and original and one (1) copy of a fully completed Cover Letter and "Articles of Organization For Florida Limited Liability Company", and a check payable to "The Florida Department of State" in the sum of \$155.00 for the filing fee and the return of a certified copy of same

My day time telephone number is (239) 265-2516.

Thank you.

Very truly yours,

ANDREW R. ASSELIN

ARA/asc
Encs.

2023 DEC 28 PM 1:44
TALLAHASSEE, FL
STATE

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COVER LETTER

**TO: New Filing Section
Division of Corporations**

SUBJECT: ARA Holdings LLC
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Andrew R Asselin

Name of Person

Firm/Company

2913 NW 13th Street

Address

Cape Coral, Florida 33993

City/State and Zip Code

andrewasselin@yahoo.com

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

For further information concerning this matter, please call:

Andrew R. Asselin 239 265-2516
at (_____) _____
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- \$125.00 Filing Fee
- \$130.00 Filing Fee & Certificate of Status
- \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)
- \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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

Street Address
New Filing Section Division
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

STATE OF FLORIDA
TALLAHASSEE, FL

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

ARA Holdings LLC

(Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

Mailing Address:

2913 NW 13th Street
Cape Coral, Florida 33993

2913 NW 13th Street
Cape Coral, Florida 33993

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

Andrew R. Asselin

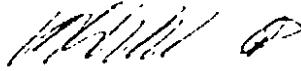
Name

2913 NW 13th Street

Florida street address (P.O. Box **NOT** acceptable)

<u>Cape Coral</u>	<u>Florida</u>	<u>33993</u>
City	State	Zip

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..



Registered Agent's Signature (REQUIRED)

(CONTINUED)

STATE
TALLAHASSEE, FL

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ARTICLE IV-

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

Title:
"AMBR" = Authorized Member
"MGR" = Manager

Name and Address:

MGR

Andrew R. Asselin
2913 NW 13th Street
Cape Coral, Florida 33993

AMBR

SNA Trust
2913 NW 13th Street
Cape Coral, Florida 33993

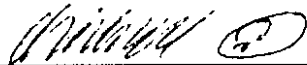
(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.
Andrew R. Asselin shall have exclusive control of the operations and decisions of this LLC

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.
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.

Andrew R Asselin

Typed or printed name of signer

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)

TALLAHASSEE STATE

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