

L20000175784

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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DATE 06/18/20 BY 60322

2020 JUN 18 PM 4:09

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Lsk
6/30/2020

COVER LETTER

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

SUBJECT: ARBITRAGE OPS 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:

TIMOTHY ABALLO

Name of Person

ARBITRAGE OPS LLC

Firm/Company

6841 SW 76TH TER

Address

SOUTH MIAMI, FL 33143

City/State and Zip Code

ARBITRAGEOPSLLC@GMAIL.COM

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

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2023 JUN 18 PM 4:09
TALLAHASSEE, FL
DIVISION OF CORPORATIONS

For further information concerning this matter, please call:

TIMOTHY ABALLO

443

2862344

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

ARBITRAGE OPS 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:

6841 SW 76TH TER

SOUTH MIAMI, FL 33143

6841 SW 76TH TER

SOUTH MIAMI, FL 33143

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:

TIMOTHY ABALLO

Name

6841 SW 76TH TER

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

SOUTH MIAMI

FL

33143

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)

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JUN 18 PM 4:09
CLERK OF COURT
14th DISTRICT
JUL 1 2011

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:

AMBR

TIMOTHY ABALLO
6841 SW 76TH TER
SOUTH MIAMI, FL 33143

AMBR

CHRISTOPHER AKHAVEIN
23396 VIA SAN MIGUEL
ALISO VIEJO, CA 92656

(Use attachment if necessary)

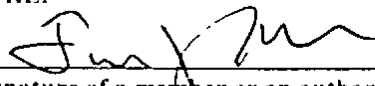
ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

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.

Ownership % will be determined in operating agreement

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.

TIMOTHY ABALLO

Typed or printed name of signee

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)

FILED
JUN 18 PM 4:00
CLERK OF THE COURT
HALL COUNTY, FLORIDA