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May 1, 2000

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

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-05/04/00--01097--004

\*\*\*\*160.00 \*\*\*\*160.00

Dear Sir/Madam:

Attached is our submission of Articles of Organization for a Florida Limited Liability Company. Ours is a new company named Arkwright Associates L.L.C. We are a service organization providing consulting services in the United States and Puerto Rico.

As the registered agent I am providing the following information.

Name: Glenn R. Riser  
Address: 1480 Roosevelt Ave. #404  
Melbourne, Florida 32901  
Telephone: 561-285-4887

Thank you for your help with out filing.

Sincerely,

  
Glenn R. Riser

**MJH**

SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
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# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

Arkwright Associates L.L.C.

## ARTICLE II - Address:

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

102 East New Haven Avenue PMB 156  
Melbourne, Fla. 32901-4502

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

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

Glenn R. Riser

Name

1480 Roosevelt Ave. #404

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

Melbourne FL 32901

City, State, and 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 608, F.S..*

Glenn R. Riser  
Registered Agent's Signature

## Article IV - Management (Check box if applicable.)

☒ The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

Please make the effective date May 3, 2000.

(An additional article must be added if an effective date is requested)

Leslie A. Riser  
Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Leslie A. Riser

Typed or printed name of signee

### FILING FEES:

- \$ 100.00 Filing Fee for Articles of Organization
- \$ 25.00 Designation of Registered Agent
- \$ 30.00 Certified Copy (OPTIONAL)
- \$ 5.00 Certificate of Status (OPTIONAL)

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SECTION OF  
DIVISION OF CORPORATIONS