

L000000/11420

SUSAN LEAFER

308 NORTH HALIFAX DRIVE

ORMOND BEACH, FL 32176

904-615-1195

August 15, 2000

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-09/19/00--01002--001

***320.00 ***160.00

Division of Corporations
409 East Gaines Street
Tallahassee, FL 32399

RE: Argonaut Capital, LLC & Arterior, LLC

Gentlemen:

Enclosed are Articles for the above captioned LLC's. My check for \$320 is enclosed. Please send the optional certified copy and certificate of status. Thanks for your cooperation.

Best regards,

Susan Leaffer

Susan Leaffer

FILED
00 SEP 19 PM 5:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

L00-11420
OK

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I – Name:

The name of the Limited Liability Company is **Arterior, LLC**.

ARTICLE II – Address:

The mailing address and street address of the principal office of the Limited Liability Company is:
308 North Halifax Drive, Ormond Beach, FL 32176.

ARTICLE III – Registered Agent, Registered office, & Registered Agent's Signature:

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

Susan Leafer
Name
308 North Halifax Drive
Florida Street Address
Ormond Beach, FL 32176
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 608, F. S.

Susan Leafer
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.

ARTICLE V – Effective Date

It is requested that this Limited Liability Company be effective upon its filing.

Susan Leafer
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.)

Susan Leafer

Typed or printed name of signee

FILING FEES:

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

FILED
00 SEP 12 PM 5:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA