

# CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301  
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

L0000000/3822

Ardtully 1921 Co, LLC

☒ Art of Inc. File \_\_\_\_\_  
\_\_\_\_ LTD Partnership File **00003459927-7**  
\_\_\_\_ Foreign Corp. File **-11/13/00--01001--005**  
\_\_\_\_ **\*\*\*\*155.00 \*\*\*\*155.00**  
☒ L.C. File \_\_\_\_\_  
\_\_\_\_ Fictitious Name File \_\_\_\_\_  
\_\_\_\_ Trade/Service Mark \_\_\_\_\_  
\_\_\_\_ Merger File \_\_\_\_\_  
\_\_\_\_ Art. of Amend. File \_\_\_\_\_  
\_\_\_\_ RA Resignation \_\_\_\_\_  
\_\_\_\_ Dissolution / Withdrawal \_\_\_\_\_  
\_\_\_\_ Annual Report / Reinstatement \_\_\_\_\_  
☒ Cert. Copy \_\_\_\_\_  
\_\_\_\_ Photo Copy \_\_\_\_\_  
\_\_\_\_ Certificate of Good Standing \_\_\_\_\_  
\_\_\_\_ Certificate of Status \_\_\_\_\_  
\_\_\_\_ Certificate of Fictitious Name \_\_\_\_\_  
\_\_\_\_ Corp Record Search \_\_\_\_\_  
\_\_\_\_ Officer Search \_\_\_\_\_  
\_\_\_\_ Fictitious Search \_\_\_\_\_  
\_\_\_\_ Fictitious Owner Search \_\_\_\_\_  
\_\_\_\_ Vehicle Search \_\_\_\_\_  
\_\_\_\_ Driving Record \_\_\_\_\_  
\_\_\_\_ UCC 1 or 3 File \_\_\_\_\_  
\_\_\_\_ UCC 11 Search \_\_\_\_\_  
\_\_\_\_ UCC 11 Retrieval \_\_\_\_\_  
\_\_\_\_ Courier \_\_\_\_\_

APPROVED AND FILED  
00 NOV -9 PM 4:18  
TALLAHASSEE, FLORIDA  
RECEIVED  
00 NOV -9 PM 3:25  
TALLAHASSEE, FLORIDA  
TO BE FILED  
SUFFOLK COUNTY, VIRGINIA

JB  
11-9-00

Signature \_\_\_\_\_

Requested by: LS 11/9/00 3:20  
Name Date Time

Walk-In \_\_\_\_\_ Will Pick Up \_\_\_\_\_

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

**ARDTULLY 1921 CO., LLC**

### ARTICLE II - Address:

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

**145 WOODBRIDGE ROAD  
PALM BEACH, FLORIDA 33480**

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

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

**JOY SHAPIRO**

**145 WOODBRIDGE ROAD**  
**PALM BEACH FL 33480**  
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..*

*Joy Shapiro*  
Registered Agent's Signature  
**JOY SHAPIRO**

### 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.

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

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.)

*Joy Shapiro*  
Typed or printed name of signee  
**JOY SHAPIRO, MEMBER**

#### 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)

APPROVED  
AND  
FILED  
00 NOV -9 PM 4:18  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA