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Friend BehN & returning POBOX 940873 [ViaiHandFL 32751-0583]

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Office Use Only

| CORPORATION NAME(S) | & DOCUMENT NUMBER(S), (if known): |
|---------------------|-----------------------------------|
| | |

| 1 | | |
|---|---|---------------------------------------|
| (Corporation Name) | (Document #) | · |
| Corporation Name) | (Document #) | . • . |
| 3(Corporation Name) | (Document #) | ·u |
| 4. (Corporation Name) | (Document #) | |
| ☐ Walk in ☐ Pick up time ☐ Mail out ☐ Will wait | Certified Copy Photocopy Certificate of Status | |
| NEW FILINGS Profit Not for Profit Limited Liability Domestication Other OTHER FILINGS | AMENDMENTS Amendment Resignation of R.A., Officer/Directory Change of Registered Agent Dissolution/Withdrawal Merger REGISTRATION/QUALIFICATION | |
| Annual Report Fictitious Name | Foreign Limited Partnership Reinstatement Trademark Other | · · · · · · · · · · · · · · · · · · · |
| | Evaminer's Initials | |

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Name: |
|---|
| The name of the Limited Liability Company is: |
| ARton Fire LLC |
| • |
| ARTICLE II - Address: |
| The mailing address and street address of the principal office of the Limited Liability Company is: |
| 19/1/19: POBOX 940883 / STREET. 13/1 Kidge > |
| The mailing address and street address of the principal office of the Limited Liability Company is: Nailing: POBOX 940883 Street: 1311 Ridge R Maitland FL 32751-0883 Longwood FL |
| ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: |
| The name and the Florida street address of the registered agent are: |
| Andrea Behn |
| |
| 1311 Ridge Rd |
| Florida street address (P.O. Box NOT acceptable) |
| |
| 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 |
| A |
| Undea Bela |
| 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. |
| |
| |
| DA G |
| (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.) |
| $\mathcal{K}_{\mathcal{A}}$ |
| - Hndrey Denn |
| 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) |