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(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Na	me)
(Do	cument Number)
Certified Coples	_ Certificate	s of Status
Special Instructions to	Filing Officer:	
		901
	Office Use Or	NAST



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03 AUG 29 AM II: 18

TRANSMITTAL LETTER

•	TO: Registration Section Division of Corporations					
	SUBJECT: ARC Communications. 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:						
	David Rosario (Name of Person)	TAL SI				
	(Name of Person))3 A				
	ARC COMMUNICATIONS, LLC (Firm/Company)	03 AUG 29 AM II: 18				
	15705 MIAHI LAKEWAY NORTH # BIIS (Address)	18 18				
	Miami Lakes EL 33014 (City/State and Zip Code)					
	For further information concerning this matter, please call:					
	Name of Person) at (305) 557-9105 (Name of Person) (Area Code & Daytime Telephone Number)					
	(Name of Person) at (305) 551-9105 (Area Code & Daytime Telephone Number)	•				

STREET ADDRESS:

Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399

MAILING ADDRESS:

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

A DESCRIPTION AND A SECOND	,	2 COMMUNICATION	is, the
ARTICLE II - Address The mailing address and	s: I street address of the principal of	office of the Limited Liability C	Company is:
Principal Office Addre	ess:	Mailing Address:	
	CAKEWAY North # 8115 Ecori and , 33 avy ered Agent, Registered Office,		A S
<u></u>	da street address of the registered DAUID ROSARIO Name 105 MIAMI LAKEWHY Florida street address (P.O. Box NO MIAMI LAKES, FI	North #8115 Tacceptable)	AUG 29 AM II: 18
liability company at the registered agent and ag	City, State, and Zip registered agent and to accept ser place designated in this certificate ree to act in this capacity. I further open and complete performance	vice of process for the above sta te, I hereby accept the appointm er agree to comply with the prov	ent as visions of all

(CONTINUED)

accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..

Registered Agent's Signature

ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows: Name and Address: "MGR" = Manager "MGRM" = Managing Member MGR (Use attachment if necessary) NOTE: An additional article must be added if an effective date is requested.

Signature of a member or an authorized representative of a member.

REQUIRED SIGNATURE:

(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.)

NAUID ROSARIO

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)