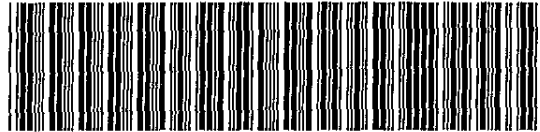


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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ .. Certificates of Status _____

Special Instructions to Filing Officer:

W04-2973

AL

Office Use Only

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ARCADI ENTERPRISES L.L.C.
(Name of Limited Liability Company)

FILED
04 JAN 20 PM 12:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

VINCENT J. ARCADI

(Name of Person)

ARCADI ENTERPRISES

(Firm/Company)

HC 5 BOX 445 SEMINOLE DRIVE

(Address)

OLD TOWN, FL 32680

(City/State and Zip Code)

For further information concerning this matter, please call:

PATRICIA A. ARCADI

(Name of Person)

at (352) 542-2043

(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**

FILED

04 JAN 20 PM 12:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I - Name:

The name of the Limited Liability Company is:

ARCADI ENTERPRISES L.L.C.

ARTICLE II - Address:

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

Principal Office Address:

HC5 BOX 445 SEMINOLE DR

SEMINOLE DRIVE

OLD TOWN, FL 32680

Mailing Address:

HC5 BOX 45

SEMINOLE DRIVE

OLD TOWN, FL 32680

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

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

PATRICIA A. ARCADI

Name

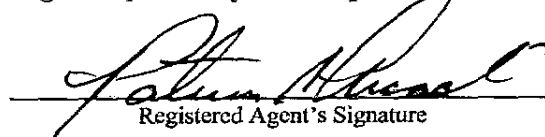
HC5 BOX 445 SEMINOLE DRIVE

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

OLD TOWN, FL 32680 FLORIDA

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, Florida Statutes..


Registered Agent's Signature

FILED

04 JAN 20 PM 12:02

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGR

VINCENT J. ARCADI

HC 5 BOX 445 SEMINOLE DRIVE

OLD TOWN, FL 32680

MGRM

PATRICIA A. ARCADI

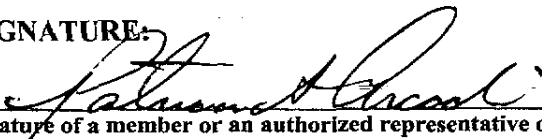
HC 5 BOX 445 SEMINOLE DRIVE

OLD TOWN, FL 32680

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:


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.)

PATRICIA A. ARCADI

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)