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(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
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TRANSMITTAL LETTER

	I KANSWIII I AL LETTEK				
то:	Registration Section Division of Corporations				
SUBJECT: ARC ENTERPRISES, LLC					
(Name of Limited Liability Company)					
The enc	losed Articles of Organization and fee(s) are submitted for filing.				
	Please return all correspondence concerning this matter to the following:				
	RAFAEL F. CRUZ				
	(Name of Person)	 -			
	(Firm/Company)	_			
	21322 SW 94 CT				
	(Address)	**************************************			
	MIAMI, FLORIDA 33189				
	(City/State and Zip Code)	-			
For furtl	her information concerning this matter, please call:	*******			
	RAFAEL F. CRUZ at (786) 412-1276				
	(Name of Person) (Area Code & Daytime Telephone Number)	- 32 i 70			
		益:			

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

The name of the L	imited Liability Company is:			
ARC ENTERPRISE	S, LLC	<u> </u>		_
ARTICLE II - Ao The mailing addre	ddress: ss and street address of the princ	ipal office of the Limited Lie	ability Compa	ny is:
Principal Office	Address:	Mailing Address:		
21322 SW 94 CT. MIAMI, FLORIDA 33189	MIAMI, FLORIDA 33189	21322 SW 94 CT. MIAMI, FLORIDA 33189		
				_
ARTICLE III - F	Registered Agent, Registered O	ffice & Registered Agent's	s Sionature:	
	Florida street address of the regi			\Box
	RAFAEL F. CRUZ			
	Name		質べ	
	21322 SW 94 CT.		Ti	3 U
	Florida street address (P.O. B	ox <u>NOT</u> acceptable)	OAIDA Son C	<u> </u>
	MIAMI,	FLORIDA 33189	- ,	•
	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

Page 1 of 2 (CONTINUED)

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

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

<u> 1 itie:</u>	Name and Address:	
"MGR" = Manager		
"MGRM" = Managing Member		
MGRM	ANABEL RODRIGUEZ	
	21322 SW 94 CT.	
	MIAMI, FLORIDA 33189	
MGRM	RAFAEL F. CRUZ	
	21322 SW 94 CT.	
	MIAMI, FLORIDA 3189	
		_
		_
		_
		_
(Use attachment if necessary)		
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NOTE: An additional article must be	e added if an effective date is requested.	
REQUIRED SIGNATURE:	20	7
1) and feel of	da	□ 음ੂ:-
Signature of a member or an a	authorized representative of a member.	37.
(In accordance with section 608 of this document constitutes an that the facts stated herein are to	3.408(3), Florida Statutes, the execution affirmation under the penalties of perjury rue.)	

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)

ANABEL RODRIGUEZ

Typed or printed name of signee