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TRANSMITTAL LETTER

Divis	sion of Corporations			
SUBJECT:	A.R.C. Resource	s LLC		
_	(Name of Limited Liabil	lity Company)		
The enclosed A	Articles of Organization and fee(s) are submitte	d for filing.		
	Please return all correspondence con	cerning this matter to the following	g:	
	Kathy Bia	agianti		
	(Name of	Person)	· · · · · · · · · · · · · · · · · · ·	
_	A.R.C. Reso	urces LLC		
	(Firm/Co	mpany)		
	124 Queer	ns Court		
	(Addr	ess)		
	Sanford, Floric	da 32771-7766	JOHN HAY 2. SECHETAR	-11
	(City/State an	d Zip Code)	哲量	-
For further info	formation concerning this matter, please call:		T P	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
<u></u>	Kathy Biagianti at (407) 302-3294	<u> </u>	
	(Name of Person) (Area Code & Daytime Telephone Nur	mber) .	

STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines Street

TO:

Registration Section

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 Limited Liability Company is:				
A.R.C. Resources LLC				
ARTICLE II - Address: The mailing address and street address of the principal	office of the Limited	Liability	Compa	any is:
Principal Office Address:	Mailing Address:			
124 Queens Court	124 Queens Court			
Sanford, Florida 32771-7766 Senford, Florida		1-7768		_
				
ARTICLE III - Registered Agent, Registered Office	. & Registered Agen	SECRE t's Siona		7
The name and the Florida street address of the registere	d agent are:	ARY O	27	
Kathy Biagianti		် _{ကု} က ငေရ	T w	J
Name			မှ မ	
124 Queens Court				
Florida street address (P.O. Box N	QT acceptable)			
Sanford, FL	ORIDA 32771-7766			
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..

X Kathy Biagiante
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>Title:</u>	Name and Address:		
"MGR" = Manager			
"MGRM" = Managing Member			
MGRM	John Rosinsky		
	623 Harvester drive		
	Oakdale, Pa 15071		
MGRM	Marcy Rosinsky		
	623 Harvester drive		
	Oakdale, Pa 15071		
MGRM	Lawrence A. Agostine jr.		
	1536 Mulligan court		
	Reynoldsburg, Ohio		
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NOTE: An additional article must be	added if an effective date is requi	estea.	
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REQUIRED SIGNATURE:	// , //		
Calma 7	Lasinsh		
Signature of a member or an a	uthorized representative of a member.		
- /			
	408(3), Florida Statutes, the execution ffirmation under the penalties of perjury ie.)		
John	Rosinsky		
	nted name of signee		

Filing Feer:

\$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)