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TRANSMITTAL LETTER

TO: Registration Section Division of Corporations					
SUBJECT: R J ARNOLD LLC (Name of Limite	d Liability Company)				
The enclosed Articles of Organization and fee(s) are submitted for filing.					
Please return all correspondence concerning this matter to the following:					
RICHARD JOSEPH ARNOLD	Name of Person)				
(1	value of reason)				
R J ARNOLD LLC					
(Firm/Company)				
1350 DORADO DRIVE					
	(Address)				
TALLAHASSEE FLORIDA 32304					
(City)	/State and Zip Code)				
For further information concerning this matter, please	call:				
RICHARD ARNOLD	at (407) 923-2707				
(Name of Person)	(Area Code & Daytime Telephone Number)				
Enclosed is a check for the following amount:					
☐ \$125.00 Filing Fee	S155.00 Filing Fee & Certified Copy (additional copy is enclosed) S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)				
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: The name of the Limited Liability Company is	s:			
R J ARNOLD LLC				
ARTICLE II - Address: The mailing address and street address of the particle o	orincipal office of the Limite	d Liability (- Company is	::
Principal Office Address:	Mailing Address:	,		
1350 DORADO DRIVE TALLAHASSEE FLORIDA 32304-1300	1350 DORADO DRIVE	2004 4000		
TALLAMASSEE PLORIDA 32304-1300	TALLAHASSEE FLORIDA	32304-1300		
ARTICLE III - Registered Agent, Registere	ed Office, & Registered Age	ent's Signat	ture:	
The name and the Florida street address of the	registered agent are:	J		
RICHARD ARNOLD				
Name	e .	i		
1350 DORADO DRIVE				
Florida street ac	ddress (P.O. Box NOT acceptable))		
TALLAHASSEE FL 32304-1300 FL				
Čity, State,	, and Zip	i		
Having been named as registered agent and to liability company at the place designated in registered agent and agree to act in this capacity statutes relating to the proper and complete paccept the obligations of my position as reg	this certificate, I hereby accepty. I further agree to comply performance of my duties, and	pt the appoi with the pro I am famili	ntment as visions of a ar with and	
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Page 1 of 2

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

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

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
	DIGITADO ADMONDA CINOLE MENDED
MGRM	RICHARD ARNOLD - SINGLE MEMBER
	1350 DORADO DRIVE
	TALLAHASSEE FL 32304
	NO EMPLOYEES
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	•
	4.
(Use attachment if necessary) NOTE: An additional article must be	added if an effective date is requested.
required signature:	Small
Signature of a member or	an authorized representative of a member.
of this document constitute that the facts stated herei	
	_

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

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