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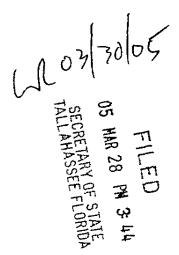
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Certified Copies	_ Certificates	of Status	
Special Instructions to	Filing Officer.		





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TRANSMITTAL LETTER

TO: Registration Section Division of Corporations		
SUBJECT: ARI'S OFFICE,	LLC.	
	Liability Company)	
The enclosed Articles of Organization and fee(s) are sul	bmitted for filing.	•
Please return all correspondence concerning this matter		
ARI GLOBERMA	. N	<u>. </u>
(Ni	ame of Person)	05 SECTAL
		05 MAR SECRET TALLAH
		ASE 28
(Fi	irm/Company)	YOF Z
00 0		STAT FLORI
2078 SUNDERLAN	D AUE	STATE LORIDI
	(Address)	₽ "
WELLINGTON, F	L 33414	
(City/S	tate and Zip Code)	
For further information concerning this matter, please c	all:	
Rose Louisans	661 199	-7778
Gobby Johnson	(Area Code & Davtime Te	lephone Number)
C ,	(,
Enclosed is a check for the following amount:		
\$125.00 Filing Fee \$\Bigcup \$130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$160.00 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 AI Registration Se Division of Co P.O. Box 6327 Tallahassee, Fl	ection rporations

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

ARI'S OFFICE, LLC.	
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited I	Liability Company is
Principal Office Address: Mailing Address:	
2078 SUNDERLAND AUE ZOTB SUNDERLA WELLINGTON, FL 33414 WELLING TON, FL	33414
ARTICLE III - Registered Agent, Registered Office, & Registered Agent	's Signature:
The name and the Florida street address of the registered agent are: Ali Globerman Name 2078 Servaerland Aue Florida street address (P.O. Box NOT acceptable) Weccumgran City, State, and Zip	FILED 05 NAR 28 PN 3: 44 SECRETARY OF STATE TALLAHASSEE FLORIDA

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, F.S..

Registered Agent's Signature

(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> "MGR" = Manager	Name and Address:		
"MGRM" = Managing Memb	ARI GLOBERMAN 2578 SUNDERLAND AUE WELLINGTON, FL 33414		
			• .
			•
(Use attachment if necessary)			,
NOTE: An additional artic	le must be added if an effective date is requested.		
REQUIRED SIGNATURE:			
(In accordanc of this docum	a member or an authorized representative of a member. The with section 608.408(3), Florida Statutes, the execution sent constitutes an affirmation under the penalties of perjury to stated herein are true.) GLOBERMAN	05 HAR 28 PM	FILED
MKI	Typed or printed name of signee	Ç	_

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)