## L05000032651

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(Requestor's Name)	SECRETAR TALLAHASS	FLORIDA
(Address)		200048808192
(Address)		2000-0000132
(City/State/Zip/Phone #)	<del>- v. ·</del>	
PICK-UP WAIT	MAIL	
(Business Entity Name)		
(Document Number)		03/31/0501036006 **160.00
Certified Copies Certificates of State	:us	
Special Instructions to Filing Officer:		
mil		

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## TRANSMITTAL LETTER

		IIAK KELI	LEK	F- 1 .	
TO: Registration Section Division of Corporations				FIL	
SUBJECT: ARD	(Name of Limite		pany)	2005 MAR 31 TALLAHASSEE,	P 2: 25 F STATE FLORIDA
The enclosed Articles of Organizat	ion and fee(s) are	submitted for filir			
Please return all correspondence co	oncerning this matt	er to the followin	g:		
f	ATEICK (	E. La Name of Person)	<u>ω</u>		
ARD	PT, LL	(Firm/Company)			
615 cresce	ent exe	CUTIVE (Address)	COURT,	Suite 15	10
LAKE	MARY	FLORIDA /State and Zip Cod	<u>327</u>	46_	
For further information concerning	this matter, please	call:			
Lois D. With 1. (Name of Person)	TE	at ( 407 (Area Co.	) 333 de & Daytime Te	- 32332 lephone Number)	<u>&lt;</u> 10
Enclosed is a check for the follo	wing amount:				
	.00 Filing Fee & ate of Status	☐ \$155.00 F Certified Cop (additional copy	ру	State of State Certificate of State Certified Copy (additional copy is e	itus &
STREET ADDR Registration Secti Division of Corpo	ion		MAILING All Registration Se Division of Co	ection	

Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399 Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

2: 2

ARTICLE I - Name: The name of the Limited Liability Company is:	TALLAHASSEE, FL
ARD PT, LLC	
ARTICLE II - Address: The mailing address and street address of the pr	incipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
65 CRESCENT EXECUTIVE COURT	SAME
SUITE 120 LAKE MARY, FLORIDA 32746	>
ARTICLE III - Registered Agent, Registered	Office, & Registered Agent's Signature:
The name and the Florida street address of the r	egistered agent are:
PATRICK E Name	. LAW
615 Crescout Exec Florida street add	ress (P.O. Box NOT acceptable)
LAKE MARY City, State, a	1.FL 32746 nd Zip
liability company at the place designated in the registered agent and agree to act in this capacity statutes relating to the proper and complete pe	nccept service of process for the above stated limited his certificate, I hereby accept the appointment as it. I further agree to comply with the provisions of all rformance of my duties, and I am familiar with and stered agent as provided for in Chapter 608, F.S
Registered Agent's	Signature

(CONTINUED)

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: FILED Name and Address: Title: "MGR" = Manager "MGRM" = Managing Member MGR (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

## Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

that the facts stated herein are true.)

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

Typed or printed name of signee