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Division of Corporations

Fax Number : (85

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From:

Account Name : HUBCO

Account Number : 104662003400 Phone : (516)935-3940

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## FLORIDA/FOREIGN LIMITED LIABILITY CO.

Certificate

## A & R Phoenix LLC

| Certificate of Status | 1        |
|-----------------------|----------|
| Certified Copy        | 0        |
| Page Count            | 02       |
| Estimated Charge      | \$130.00 |

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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name

| The name of the Limited Liability Company is: A & R Phoenix LLC                                       |   |  |
|---|---|--|
| ARTICLE II - Address The mailing address and street address of the princip                            | pal office of the Limited Liability Company is:   |  |
| Principal Office Address:   | Mailing Address:  |  |
| 527 Sun Ridge Place, Unit 101   | 527 Sun Ridge Place, Unit 101   |  |
| Altamonte Springs, FL 32714   | Altamonte Springs, FL 32714   |  |
| ARTICLE III - Registered Agent, Regist The name and Florida street address of the registers           | tered Office & Registered Agent's Signature   |  |
| · ·   | Simpkins  |  |
| <del></del>   | Name  |  |
| 527 S   | Sun Ridge Place, Unit 101   |  |
|   | (P.O. Box or Mail Drop Box NOT Acceptable)  |  |
| Altar   | monte Springs, FL 32714   |  |
| at the place designated in this certificate, I here capacity. I further agree to comply with the prov | (City / State / Zip)  accept service of process for the above stated limited liability company by accept the appointment as registered agent and agree to act in this visions of all statutes relating to the proper and complete performance the obligations of my position as registered agent as provided for in |  |
| Registered  | Agent's Signature - Alan Simpkins   |  |

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| <u>Title:</u> "MGR" = Manager "MGRM" = Managing Member | Name and Address:  |
|--|--|
| MGRM   | Alan Simpkins-527 Sun Ridge Place, Unit 101, Altamonte Springs, FL 32714   |
| (Use attachment if necessary)                          |  |
| REQUIRED SIGNATURE:                                    | of a member or authorized representative of a member.  |
|  | nce with section 608.408(3), Florida Statutes, the execution of this institutes an affirmation under the penalties of perjury that the facts in are true.) |
|  | Alan Simpkins  |
|  | Typed or printed name of signee  |