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Florida Department of State
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FLORIDA/FOREIGN LIMITED LIABILITY CO.

Arico LLC

Certificate of Status	0
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FAX AUDIT # 4060000203703

**ARTICLES OF ORGANIZATION
OF
Ariceo LLC**

ARTICLE I NAME

The name of the limited liability company shall be: Ariceo LLC

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this Limited Liability Company shall be: 1241 Cambo Court NE, Palm Bay, Florida 32905.

ARTICLE III INITIAL REGISTERED AGENT & STREET ADDRESS

The name and address of the initial registered agent is: Septon S Mayers, 840 DeGroodt, Palm Bay, Florida 32908. Located in the County of Brevard.


ARTICLE IV DURATION

The duration for the limited liability company shall be: 12/31/2046.

ARTICLE V MANAGERS/MEMBERS

The management of the limited liability company is reserved for the Managers and the name and address of the manager of the Limited Liability Company is:

Raymond Gilkes, 1241 Cambo Court NE, Palm Bay, Florida 32905


Business Filings Incorporated, Organizer
Mark Schiff, AVP
Authorized Representative
Prepared by Mark Schiff, Business Filings Incorporated, 8025 Excelsior Dr. Suite 200,
Madison, WI 53717
(608) 827-5300

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**CERTIFICATE OF DESIGNATION OF REGISTERED
AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415, FLORIDA STATUTES,
THE UNDERSIGNED COMPANY, ORGANIZED UNDER THE LAWS OF THE
STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN
DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE
STATE OF FLORIDA.

The name of the limited liability company is: **Arico LLC**

The name and address of the registered agent and office is **Septon S Mayers, 840
DeGroodt, Palm Bay, Florida 32908. Located in the County of Brevard.**

Having been named as registered agent and to accept service of process for the above
stated 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.

Signature: Septon Mayers
Septon S Mayers

Date: 01 / 21 / 06

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