

LD6000010239

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

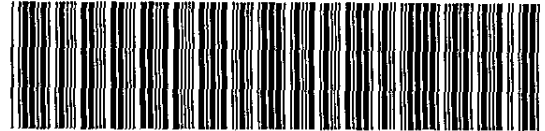
(Document Number)

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06 JAN 24 PM 12:30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**BRIAN J. WELKE**  
ATTORNEY AT LAW  
531 NORTH BAY STREET  
EUSTIS, FLORIDA 32726

*Licensed to Practice in  
Florida and Missouri*

*Telephone: (352) 357-0400  
Facsimile: (352) 357-9950*

January 20, 2006

Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

Re: Aruba Investments, LLC

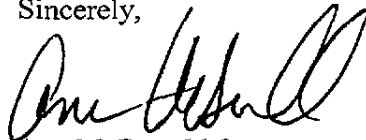
Dear Sir or Madam:

Enclosed please find the Articles of Organization, the Operating Agreement, and a check in the amount of \$125.00 for filing fee and designation of registered agent, in connection with the above-referenced matter.

If you have any questions, Please call (352) 357-0400.

Thank you for your attention in this matter.

Sincerely,



Ana McDonald for  
BRIAN J. WELKE, ESQUIRE

BW/am  
Enclosures

**ARTICLES OF ORGANIZATION**  
**FOR**  
**FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE 1**

The name of the Limited Liability Company is:

ARUBA INVESTMENTS, LLC

**ARTICLE II**

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

Jaret Whitney

18610 U.S. Hwy. 441

Mount Dora, Florida 32757

Mailing Address:

Same

**ARTICLE III**

The name and the Florida street address of the registered agent are:

Brian J. Welke

Name

531 North Bay Street

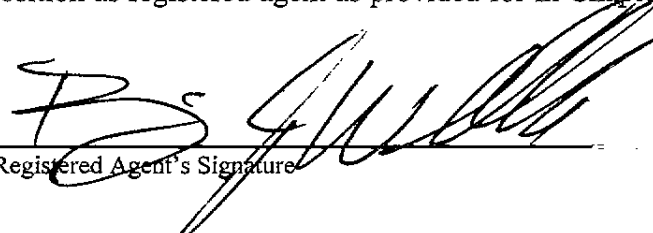
Florida Street address (P.O. Box NOT acceptable)

Eustis, Florida 32726

City, State, and Zip

FILED  
06 JAN 24 PM 12:30  
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, Florida Statutes.

  
Registered Agent's Signature

#### ARTICLE IV

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

Title: \_\_\_\_\_ Name and Address: \_\_\_\_\_

"MGR" = Manager

"MGRM" = Managing Member

MGRM

Jaret Whitney

18610 U.S. Hwy. 441

Mount Dora, Florida 32757

(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 that the facts stated herein are true.)

Jaret Whitney

\_\_\_\_\_  
Typed or printed name of signee

Filing Fees:

\$100.00 Filing Fee for Articles of Organization

\$25.00 Designation of Registered Agent

\$30.00 Certified Copy (Optional)

\$5.00 Certificate of Status (Optional)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA