

L06000080370

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

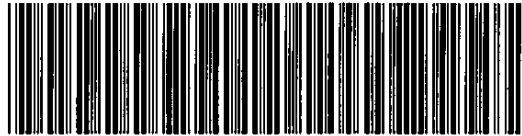
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400078663424

08/14/06--01030--016 **160.00

FILED
06 AUG 14 AM 8:22
SECRETARY OF STATE
TALLAHASSEE FLORIDA

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY
OF
A.R.I. Financial LLC**

TRANSMITTAL LETTER

To: Registration Section, Limited Liability Company, Division of Corporations

The enclosed Articles of Organization and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

A.R.I. Financial LLC
1546 South Hiawasse Road
Apt. # 72
Orlando, FL 32835

For further information concerning this matter, please call:

Bobi Stephenson Frederick at (407) 435-9712

FILED
06 AUG 14 AM 8:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY
OF
A.R.I. Financial LLC**

The undersigned subscriber to this Limited Liability Company, a natural person competent to contract, hereby forms a LLC under the laws of the State of Florida.

ARTICLE I. NAME

The name of this LLC shall be: A.R.I. Financial LLC

ARTICLE II. MAILING ADDRESS OF LLC

The principal place of business and mailing address of this LLC shall be:

A.R.I. Financial LLC
1546 South Hiawassee Road
Apt. # 72
Orlando, FL 32835

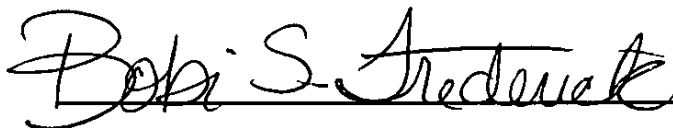
ARTICLE III. REGISTERED AGENT

The street address of the registered office of the LLC shall be:
1546 South Hiawassee Road Apt # 72
Orlando, FL 32835

The name of the registered agent of the LLC shall be:
Bobi Stephenson Frederick

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, FS.

Signature of registered agent



FILED
06 AUG 14 AM 8:22
SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY
OF
A.R.I. Financial LLC

ARTICLE IV. MANAGER/MANAGING MEMBER

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

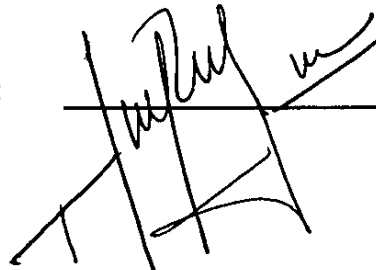
Bobi Stephenson Frederick MGR
1546 South Hiawasse Road Apt. # 72
Orlando, FI 32835

Signature:

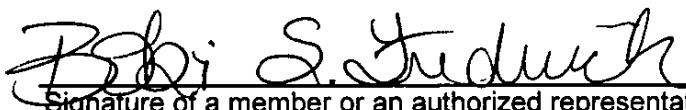


Jose Rafael Frederick MGRM
1546 South Hiawasse Road Apt. # 72
Orlando, FI 32835

Signature:



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.)

Bobi Stephenson Frederick
Typed or printed name of signer

FILED
06 AUG 14 AM 8:22
SECRETARY OF STATE
TALLAHASSEE FLORIDA