L07000070347

(Re	equestor's Name)	
(Ac	dress)	
(Ac	ldress)	
(Cit	ty/State/Zip/Phone	∍#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	ocument Number)	<u>. </u>
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



100105282391

07/05/07--01030--019 **125.00

TILED ?
2001 JUL -5 P 1: 41
SECRETARY OF STATE
ALLAHASSEE, FI DRIPE

COVER LETTER

TO: Registration Section Division of Corporations SUBJECT: Ark LLC (Name of Limited Liability Company)	
The enclosed Articles of Organization and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following:	
Whitney (Name of Person)	
Croton Park LLC (Firm/Company)	1764
736 Buoy Pd. PR 3	7
North Paly Beach 17 33 FOX	LEI
For further information concerning this matter, please call: A	
Enclosed is a check for the following amount:	
\$125.00 Filing Fee \$\ \text{S130.00 Filing Fee & }\ \text{S155.00 Filing Fee & }\ \text{Certificate of Status & }\ \text{Certified Copy }\ \text{(additional copy is enclosed)} \text{Certified Copy }\ \text{(additional copy is enclosed)}	
Mailing Address Street/Courier Address Registration Section Registration Section	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Compa	ny is:
Croton F	arke LLC
(Must end with the words "Limite	d Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of	the principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
736 Buoy Rd.	736 Buoy Pol.

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual pranother business entity with an active Florida registration.)

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

Annete Many Page FL 33 40

City, State, and Zip

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, F.S.,

Registered Agent's Signature (REQUIRED)

(CONTINUED)
Page 1 of 2

<u>Title:</u> "MGR" = Manager	Name and Address:
"MGRM" = Managing Member M6(2)	High Whitney
	N. Palm Deach FC 33408
MGRM	Annette Wither
	N. PALM BOACK PC 33400
	TAS 7001
	AHASS

REQUIRED SIGNATURE:

to or 90 days after the date of filing.)

Signature of a member or an authorized representative of a member.

(If an effective date is listed, the date must be specific and cannot be more than five business days prior

(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.)

Typed or printed name of signee

Filing Fees:

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

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)