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JB

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: ARKITECTOUR 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:

**Kimberly L. King**

(Name of Person)

**Hayward & Grant, P.A.**

(Firm/Company)

**2121-G Killarney Way**

(Address)

**Tallahassee, FL 32309**

(City/State and Zip Code)

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For further information concerning this matter, please call:

**Kimberly L. King**

(Name of Person)

at (

**850**

**386-4400**

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☒ \$125.00 Filing Fee    ☐ \$130.00 Filing Fee & Certificate of Status    ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)    ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

**Mailing Address**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street/Courier Address**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**ARTICLES OF ORGANIZATION  
OF  
ARKITECTOUR LLC**

**ARTICLE I - NAME**

The name of the limited liability company is Arkitectour LLC ("Company").

**ARTICLE II - ADDRESS**

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

Principal Office Address:

1403 Betton Road  
Tallahassee, Florida 32308

Mailing Address:

P.O. Box 1385  
Tallahassee, Florida 32302

**ARTICLE III - REGISTERED AGENT,  
REGISTERED OFFICE, & REGISTERED AGENT'S SIGNATURE**

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

Kimberly L. King  
2121-G Killarney Way  
Tallahassee, Florida 32309

*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..*

Kimberly L. King

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#### ARTICLE IV - MANAGERS OR MANAGING MEMBERS

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

Title:

"MGR" = Manager

"MGMR" = Managing Member

Name and Address:

MGR

Eduardo Robles  
P.O. Box 1385  
Tallahassee, Florida 32302

MGR

Arleen Pabon  
P.O. Box 1385  
Tallahassee, Florida 32302

MGR

Karen Gonzalez  
B Street, A-14 Ext. La Alameda  
San Juan, Puerto Rico 00926

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#### 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.)

Arleen Pabon  
\_\_\_\_\_  
Typed or printed name of signer