

LO8000092124

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

(Business Entity Name)

(Document Number)

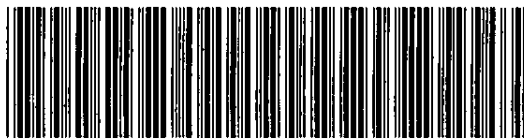
Certified Copies _____

Certificates of Status _____

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WO 8-34724

FILED
08 SEP 29 PM 12:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. CAUSSEAU

SEP 29 2008

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ARK INNOVATORS LTD.
(Name of Resulting Florida Limited Company)

The enclosed Certificate of Conversion, Articles of Organization, and fees are submitted to convert an "Other Business Entity" into a "Florida Limited Liability Company" in accordance with s. 608.439, F.S.

Please return all correspondence concerning this matter to:

GILBERT SAMBOLIN SR.
(Contact Person)

ARK INNOVATORS CORP.
(Firm/Company)

P.O. BOX 610112
(Address)

NORTH MIAMI, FL. 33261-0112.
(City, State and Zip Code)

For further information concerning this matter, please call:

GILBERT SAMBOLIN SR. at (954) 456-9780
(Name of Contact Person) (Area Code and Daytime Telephone Number)

Enclosed is a check for the following amount:

☐ \$150.00 Filing Fees
(\$25 for Conversion
& \$125 for Articles
of Organization)

☒ \$155.00 Filing Fees
and Certificate of
Status

☐ \$180.00 Filing Fees
and Certified Copy

☐ \$185.00 Filing Fees,
Certified Copy, and
Certificate of Status

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

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 23, 2008

GILBERT SAMBOLIN, SR.
ARK INNOVATORS CORP.
P.O. BOX 610112
NORTH MIAMI, FL 33261-0112

SUBJECT: ARK INNOVATORS LLC.
Ref. Number: W08000034724

We have received your document for ARK INNOVATORS LLC. and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The converting Florida entity must be active on our records.

The Certificate of Conversion must contain the name of the limited liability company as set forth in the attached articles of organization.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6918.

Nanette Causseaux
Document Specialist Supervisor

Letter Number: 108A00042734



Gilbert Sambolin Sr.
Ark Innovators Corp.
P.O. Box 610112
North Miami, Fla.
33261-0112

July 30, 2008

Reference:

Attached copy of your letter
108A00042734
Subj:
Ark Innovators LLC

Attention : Miss Nanette Causseaux

Florida Department of State
Division of Corporations
Corporate Records
Post Office Box 6327
Tallahassee, Florida 32314

Dear Miss Causseaux:

This letter will confirm the receiving of the above named document on Saturday the 26th of July 2008.
Also the confirmation of the telephone conversation we had related to the subject.

- "I said 1- I was a retired person living on Retirement and Social Security checks .
- 2, That I am an inventor.
 3. And that there is no income from any source on the above heading name apart from my Retirement checks.
 4. That the name Ark Innovators Corp. was a very good name , but after this I discovered "Corporation" was not of a beneficial interest on all if any legal process.
 5. Finally I mentioned that one of My inventions calls for a "Generator " that produces electric without contaminating the atmosphere.

Enclosed please find a copy of your letter and the correction specified on the certificate of Conversion on page one. Thank you very much for your attention to the matter.

Cordially,
Gilbert Sambolin Sr.

Gilbert Sambolin Sr.



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 5, 2008

GILBERT SAMBOLIN, SR.
ARK INNOVATORS CORP.
P.O. BOX 610112
NORTH MIAMI, FL 33261-0112

SUBJECT: ARK INNOVATORS
Ref. Number: W08000034724

We have received your document for ARK INNOVATORS and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

After reading your letter it seems you do not want to reinstate the dissolved corporation, therefore you cannot file the conversion. You will need to file only the Articles of Organization. You will need to complete the 2nd page of the Articles (ATTACHED). You need to give your name and address in Article IV "MANAGER(S) OR MANAGING MEMBER(S)" as you would be the Managing Member. Please include the title "MGRM".

Effective July 1, 2007, the name of a limited liability company must end with the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The word "Limited" may be abbreviated as "Ltd." and the word "Company" may be abbreviated as "Co." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC." Please amend your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6918.

Nanette Causseaux
Document Specialist Supervisor

Letter Number: 508A00044672

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

ARK INNOVATORS LLC

(Must end with the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC.")

ARTICLE II - Address:

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

Principal Office Address:

ARK INNOVATORS LLC
803 CYPRESS LANE
HALLANDALE FLORIDA 33009

Mailing Address:

ARK INNOVATORS LLC
P.O. BOX 610112
N. MIAMI FLORIDA 33261-0112

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 or another business entity with an active Florida registration.)

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

SANDRA OCAMPO

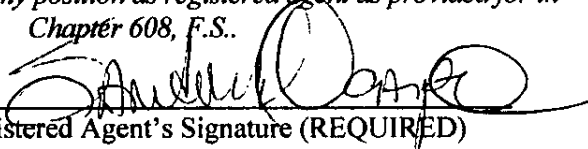
Name

19340 SW 29 CT
Florida street address (P.O. Box **NOT** acceptable)

MIRANOR FL 33029
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)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE IV- Manager(s) or Managing Member(s):

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

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

"MGR"

GILBERT Sambolin Sr.
803 Cypress Lane
HALLANDALE FLORIDA

"MGRM" SANDRA OCAMPO

33009
SANDRA OCAMPO
19340 SW 29th St.
MIRAMAR FLORIDA
33029

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

REQUIRED SIGNATURE:

Gilbert Sambolin Sr.
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.)

GILBERT SAMBOLIN SR.
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)