## L08000101060

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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10/27/08--01036--027 \*\*160.00

EFFECTIVE DATE 11/1/08

B. KOHR

OCT 28 2008

EXAMINER

08 OCT 27 PM 4: 25

## **COVER LETTER**

TO: Registration S Division of Co			
SUBJECT: AR	THA SERVICE	ES, LLC	
SUBJECT.		Liability Company)	
The enclosed Articles of	f Organization and fee(s) are sub	omitted for filing.	<b>V</b> 1
Please return all corresp	ondence concerning this matter	to the following: EFFECTIV	E DATE 11 1/0X
	MERLIN JA		
	(N	ame of Person)	
	ARTHA SERVICE	ES, LLC	1ALL 30 80
	·	irm/Company)	7 F 12
	1037 18th P.	ave N.	T PP
		(Address)	/ 五页 三
	ST. PETERSA	BURGI, PL 33	704
	(City/S	State and Zip Code)	
For further information	concerning this matter, please ca	all:	
MERLIN	JAY TISCHLERY	727, 825-	0778
(Name	of Person)	(Area Code & Daytime Tele	phone Number)
Enclosed is a check for	or 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 C Tallahassee, FL 32301	

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited Liability Company is:
ARTHA SERVICES, LLC
(Must end with the words "Limited 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:
JO37 18th AVE N. ST. PETERSBURG, FL
33704
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.)  EFFECTIVE DATE  The name and the Florida street address of the registered agent are:
MERLIN JAY TISCHLER
1037 18th AVEN
Florida street address (P.O. Box NOT acceptable)  ST ATPR-RUPOL FI 33704
Florida street address (P.O. Box NOT acceptable)  ST. ACTERSBURG FL 3-3704  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

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

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

Title: "MGR" = Manager	Name and Address:
"MGRM" = Managing M  MGR	MELLIN JAY TISCHIER 1037 IBM AVE N. ST. PETERSBURG, FL 33704
MGRM	PATRICIA LYNNTISCHLER 1037 184 AVR. N. ST. PERTERSBURG, FL 33704
(Use attachment if necess  ARTICLE V: Effective date, if o  (If an effective date is listed, the	IIIIA
to or 90 days after the date of fili	ing.)
REQUIRED SIGNATU	Mig Turkh
(In according to this dependent of the control of t	re of a member or an authorized representative of a member.  rdance with section 608.408(3), Florida Statutes, the execution locument constitutes an affirmation under the penalties of perjury ne 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)