

L09000061680

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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06/25/09--01006--010 **55.00

06/05/09--01036--027 **30.00

06/05/09--01036--028 **40.00

FILED
2009 JUN 24 AM 10:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. LEWIS

JUN 25 2009

EXAMINER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 8, 2009

PHYLLIS JONES
2830 NW 15 STREET
FT LAUDERDALE, FL 33311

SUBJECT: ARISEN ENTERPRISES LLC
Ref. Number: W09000026758

We have received your document for ARISEN ENTERPRISES LLC and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The corporate name must contain a suffix that will clearly indicate that it is a corporation. Such suffixes include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

Please return the corrected original and one copy of 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) 245-6929.

Justin M Shivers
Regulatory Specialist II
New Filing Section

Letter Number: 109A00019125

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

ARISEN ENTERPRISES 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:

2830 NW 15 STREET
FT LAUDERDALE, FL 33311

Mailing Address:

PO BOX 550063
FT LAUDERDALE, FL 33355

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:

PHYLLIS M JONES

Name

8070 NW 96 TERRACE, Unit 304

Florida street address (P.O. Box **NOT** acceptable)

TAMARAC

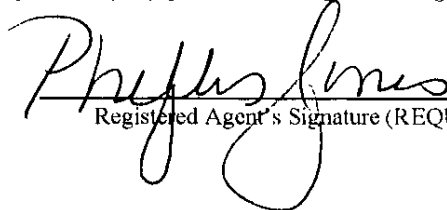
FL

33321

City, State, and Zip

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2009 JUN 24 AM 10:47
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TALLAHASSEE, FLORIDA

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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2009 JUN 24 AM 10:47

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

PHYLLIS JONES

8070 NW 96 TERRACE, Unit 304

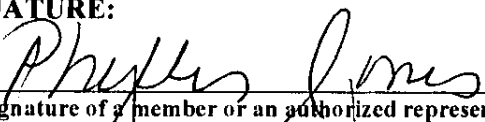
TAMARAC, FL 33321

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 6-17-09 (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:


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.)

Phyllis M Jones
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)