

LD9000090282

(Requestor's Name)

(Address)

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PICK-UP

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MAIL

(Business Entity Name)

(Document Number)

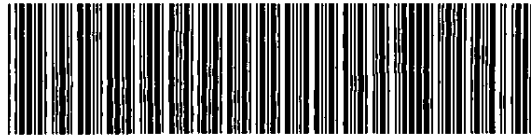
Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

W009-35787

Office Use Only



100158585651

07/29/09--01008--008 **87.50

09/18/09--01022--008 **42.50

FILED
2009 SEP 17 AM 11:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. LEWIS

SEP 18 2009

EXAMINER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 6, 2009

SEVERNIA L NELSON
2290 N. RONALD REAGAN BLVD.
SUITE 144
LONGWOOD, FL 32750

SUBJECT: ARROYO, NELSON AND COMPANY LLC
Ref. Number: W09000035787

We have received your document for ARROYO, NELSON AND COMPANY LLC and your check(s) totaling \$87.50. 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.

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) 245-6934.

Loria Poole
Regulatory Specialist II

Letter Number: 009A00026966

RECEIVED
09 SEP 16 AM 10:38
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

9/14/09

Correction made please see
Other document check for
balance enclosed \$42.50

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Arroyo , Nelson and Company 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:

Severnia L Nelson

Name of Person

Arroy, Nelson and Company LLC

Firm/Company

2290 N Ronald Reagan Blvd Suite 140

Address

Longwood Florida 32750

City/State and Zip Code

sotayreeah@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Severnia L Nelson

Name of Person

at (**407**)

657-2800

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 FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Arroyo, Nelson and Company 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:

2290 N Ronald Reagan Blvd Suite 140
Longwood, Florida 32750

Mailing Address:

same

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:

Severnian L Nelson

Name

351 Sycamore Springs Street


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

Debary Florida 32750 FL

City, State, and Zip

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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)

FILED

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

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

Enriqueta Arroyo

117 A Forsyth Drive

Chapel Hill, NC 27517

MGRM

Severnia Nelson

351 sycamore Springs Street

Debarry, Florida 32750

(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:


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.)

Severnia L Nelson
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)