

LO9000092837

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

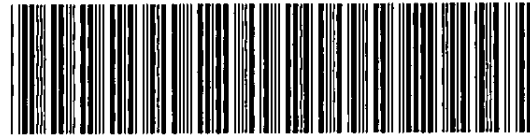
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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09/18/09--01006--015 **155.00

RECEIVED
09 SEP 18 AM 10:28
SECRETARY OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED
09 SEP 25 PM 3:52
SECRETARY OF STATE
DIVISION OF CORPORATIONS

B. KOHR

SEP 25 2009

EXAMINER

Charter Number Only

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
09 SEP 25 PM 3:52

VALIDATION ONLY

9/17/09

Prendes & Prendes

Requester's Name

4320 W. Broward Blvd #5

Address

Plantation FL 33317

City

State

ZIP

Phone

(954) 583-2590

CORPORATION(S) NAME

ARJE LLC

- | | | |
|--|--|--|
| <input type="checkbox"/> Profit | <input type="checkbox"/> Amendment | <input type="checkbox"/> Merger |
| <input type="checkbox"/> NonProfit | | |
| <input type="checkbox"/> Foreign | <input type="checkbox"/> Dissolution | <input type="checkbox"/> Mark |
| <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> Annual Report | <input checked="" type="checkbox"/> Other <u>LLC</u> |
| <input type="checkbox"/> Reinstatement | <input type="checkbox"/> Reservation | <input type="checkbox"/> Change of Registered Agent |
| <input checked="" type="checkbox"/> Certified Copy | <input type="checkbox"/> Photo Copies | <input type="checkbox"/> Certificate Under Seal |
| <input type="checkbox"/> Call When Ready | <input type="checkbox"/> Call If Problem | <input type="checkbox"/> After 4:30 |
| <input checked="" type="checkbox"/> Walk In | <input type="checkbox"/> Will Wait | <input checked="" type="checkbox"/> Pick Up |
| | | <input type="checkbox"/> Mail Out |

Name
Availability
Document
Examiner
Updater
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Acknowledgment
W.P. Verifier

 Empire Toll Free: 1-800-432-3028



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

09 SEP 25 AM 10:27

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

September 18, 2009

EMPIRE

TALLAHASSEE, FL

SUBJECT: ARJE, LLC

Ref. Number: W09000041983

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
09 SEP 25 PM 3:52

We have received your document for ARJE, 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):

Please note that we have RETAINED your \$155.00 payment.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

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) 245-6914.

Buck Kohr
Regulatory Specialist II

Letter Number: 109A00030770

Charter Number Only

VALIDATION ONLY

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SECRETARY OF CORPORATIONS
DIVISION OF CORPORATIONS
09 SEP 25 PM 3:52

9/17/09

Prendes & Prendes

Requester's Name

4320 W. Broward Blvd #5

Address

Plantation, FL 33317

City

State

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Phone

(954) 583-2590

CORPORATION(S) NAME

ARJE LLC

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|--|--|---|
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| <input type="checkbox"/> NonProfit | | |
| <input type="checkbox"/> Foreign | <input type="checkbox"/> Dissolution | <input type="checkbox"/> Mark |
| <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> Annual Report | <input checked="" type="checkbox"/> Other LLC |
| <input type="checkbox"/> Reinstatement | <input type="checkbox"/> Reservation | <input type="checkbox"/> Change of Registered Agent |
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CR2E031 (R8-85)

 Empire Toll Free: 1-800-432-3028

**ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I
Name**

The name of the Limited Liability Company is: **ARJE HOLDINGS, LLC.**

**ARTICLE II
Addresses**

The mailing address and street address of the principal office of the Limited Liability Company are the same, they are:

8040 West McNab Road
North Lauderdale, FL 33068

**ARTICLE III
Registered Agent, Registered Office & Registered Agent's Signature**

Denise Lujo
8040 West McNab Road
North Lauderdale, FL 33068

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, Florida Statutes..


Denise Lujo

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DIVISION OF CORPORATIONS
09 SEP 25 PM 3:52

ARTICLE IV
Manager

Title:

Name and Address:

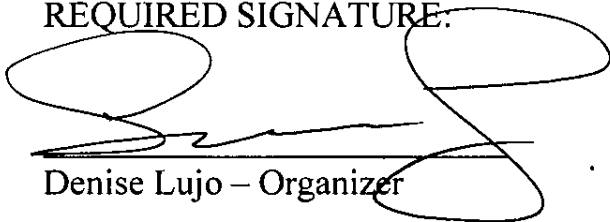
Managing Member

Denise Lujo
8040 West McNab Road
North Lauderdale, FL 33068

Managing Member

Ruben Lujo
8040 West McNab Road
North Lauderdale, FL 33068

REQUIRED SIGNATURE:

A handwritten signature in black ink, appearing to read 'Denise Lujo', is written over a horizontal line. The signature is stylized with large loops and a long horizontal stroke.

Denise Lujo – Organizer

(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.)