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SECRETARY OF STATE
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J. BRYAN

MAY 1 7 2011

**EXAMINER** 

# **COVER LETTER**

TO: Registration Division of C	i Section Corporations		
SUBJECT: AR	H Enterprises LI	LC	
SUBJECT:	Name of Limit	ted Liability Company	
The enclosed Articles	of Organization and fee(s) are	submitted for filing.	
Please return all corre	spondence concerning this mat	tter to the following:	
Richar	d M. Harvey		
		Name of Person	
			SEE
		Firm/Company	AAREN T
26810	63rd Ave East		16 PM 4: 28 ASSEE, FLOR
		Address	mg = 6
Mvakka	City, FL 34251-	8825	F. 23 STAT
Wyakka		ty/State and Zip Code	
arhentilo	@gmail.com		
411011010		for future annual report notification)	
For further information	on concerning this matter, pleas	e call:	
Richard M. Harvey		at (941 ) 345-7796	
Nam	ne of Person	Area Code & Daytime Teleph	none Number
Enclosed is a check	for the following amount:		
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	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 Cir Tallahassee, FL 32301	cle

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Δ	RT	ICI	E.	_ ]	Nam	e:

The name of the Limited Liability Company is:

**ARH 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:

**Mailing Address:** 

26810 63rd Ave East

Myakka City, FL 34251-8825

26810 63rd Ave East Myakka City, FL 34251-8825

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:

Richard M. Harvey

Name

26810 63rd Ave East

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

Myakka City

ր 34251-8825

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:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:	
MGRM	Richard M. Harvey 26810 63rd Ave East Myakka City, FL 34251	
MGRM	Anne M. Altieri	
	26810 63rd Ave East	
	Myakka City, FL 34251	
(Use attachment if necessary)	ECRETARY OF SIAL FLORIDA OF SI	1 HAY 16 PH 4: 28
LE V: Effective date, if other than th	e date of filing: . (OPTIO	NAL
	be specific and cannot be more than five business	

#### **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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Richard M. Harvey

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)