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(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL.
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SECRETARY OF STATE OF STATE OF CORPORATIONS

T. HAMPTON



COVER LETTER

TO: Registration Division of C		
SUBJECT. A. R.	Concepts LLC	
SUBJECT:		ted Liability Company
The enclosed Articles	of Organization and fee(s) are	submitted for filing
	spondence concerning this mat	-
Amy Lei	gh Steinhour	Name of Person
		Firm/Company
3500 Gu	ılfshore Blvd North	APT 108
		Address
Naples, Fl	lorida 34103	
	Cit	ty/State and Zip Code
amesteinh	our@yahoo.com E-mail address: (to be used	for future annual report notification)
For further information	n concerning this matter, please	e call:
Amy Leigh Stei	nhour	at (239) 249-1939
Name	e of Person	Area Code & Daytime Telephone Number
Enclosed is a check	for the following amount:	
	\$130.00 Filing Fee & Certificate of Status	S155.00 Filing Fee & S160.00 Filing Fee, Certified Copy (additional copy is enclosed) 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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ART		E I	I _ 1	Nam	٠.
AKI	LL	ara l		Nam	ıe:

The name of the Limited Liability Company is:

A. R. Concepts 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:
3500 Gulfshore Blvd North	3500 Gulfshore Blvd North
APT 108	APT 108
Naples, Florida 34103	Naples, Florida 34103

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:

Amy Lei	gh Steinhour
	Name
3500 G	ulfshore Blvd North APT 108
	Florida street address (P.O. Box NOT acceptable)
Naples	_{FL} 34103
	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..

(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:

MGRM	Amy Leigh Steinhour
	3500 Gulfshore Blvd North APT 108
	Naples, Florida 34103
MGRM	John Vincent Russell
	3500 Gulfshore Blvd North APT 108
	Naples, Florida 34103
Use attachment if necessary)	
TO X 7 TO 00 1 1 1 1 0 1 1 1 1 1 1 1 1 1 1 1 1 1	e date of filing: (OPTIO)

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.)

Amy Leigh Steinhour

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)

SECRETARY OF STATE DIVISION OF CORPORATIONS