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J. BRYAN

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EXAMINER

COVER LETTER

TO: Registration Sec Division of Corp							
SUBJECT: Ark Ventu						_	
	Name of Limit	ed Liability Co	mpany				
The enclosed Articles of C	Organization and fee(s) are	submitted for f	iling.				
Please return all correspon	dence concerning this mat	ter to the follow	ving:				
Carro Thomas							_
		Name of Person	l				
Ark Ventures,	LLC				***		_
		Firm/Company				12 F	
2910 Kerry Fo	2910 Kerry Forest Parkway D4-261					FEB:	यहरू - 4222
		Address	• · · · · · · · · · · · · · · · · · · ·		<i>Ç</i> /,	2	ĝ vaz
Tallahassee, FL	. 32309					<u> </u>	in the
· · · · · · · · · · · · · · · · · · ·		y/State and Zip C	Code			2: 02	- (
carro67@gmai	I.com E-mail address: (to be used to	Car Cutum ammual	man ant matification	-\ -\	t irr	~	
	·		report nonneano	n)			
For further information co	ncerning this matter, please	e call:					
Carro Thomas		at (850	508-688	37		_	
Name of	Person	Area C	Code & Daytime	Telephone Numl	oer		
Enclosed is a check for t	the following amount:						
\$125.00 Filing Fee		Certified	iling Fee & Copy copy is enclosed)	\$160.00 Certified Certified (additional	ite of Sta I Copy	atus &	
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Regis Divisi Clifto 2661	t/Courier Addr tration Section ion of Corporati n Building Executive Cent nassee, FL 3230	ions er Circle			

ARTICLES OF ORGANIZATION FOR	FLORIDA LIMITED LIABILITY COMPANY
	2 R
ARTICLE I - Name:	· B
The name of the Limited Liability Company	is:
Ark. Home Ventures LLC	iability Company, "L.L.C.," or "LLC.")
(Must end with the words "Limited L	iability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	• • • • • • • • • • • • • • • • • • •
The mailing address and street address of the	e principal office of the Limited Liability Company is:
D 1000	26.00
Principal Office Address:	Mailing Address:
9409 Buck Haven Trail	2910 Kerry Forest Parkway D4-261
Tallahassee, FL 32312	Tallahassée, FL 32309
	red Office, & Registered Agent's Signature: egistered Agent. You must designate an individual or another
The name and the Florida street address of the	ne registered agent are:
Carro Thomas	
Na	me
9409 Buck Haven Trail	
Florida street	address (P.O. Box <u>NOT</u> acceptable)
Tallahassee	_{FL} 32312
City	, State, and Zip
Having been named as registered agent and	to accept service of process for the above stated limited

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)

ARTICLE IV- Manager(s) or Mana The name and address of each Manag	aging Member(s): er or Managing Member is as follows:
<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGRM	Bill Thomas 949 Buck Haven Trail Tall Fr 32312
Members	
	Ark Home Solutions UC 2910 Kerry Forest Parkway D4-26 Tall, F20 32309
(Use attachment if necessary)	
ARTICLE V: Effective date, if other than the (If an effective date is listed, the date must be to or 90 days after the date of filing.)	date of filing: (OPTIONAL) especific and cannot be more than five business days prior
REQUIRED SIGNATURE:	
W. Q.C.	Bill) Thomas TIT

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.)

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)