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| Special Instruction | s to Filing Officer: |
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COVER LETTER

| Division of Corporations |
|--|
| SUBJECT: Roderick ARNOID Property Services, 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: |
| Roderick Arnold |
| Roderick Arnold Property Services |
| P.O. Box 6414 |
| Tallarasse, FL. 32314 Tallarasse FL. 32314 Tallarasse FL. 32314 Tallarasse Ta |
| E-mail address: (to be used for tuture annual report-dottification) |
| For further information concerning this matter, please call: |
| Roderick Arnow at (850) 294-5874 Name of Person Area Code & Daytime Telephone Number |
| Enclosed is a check for the following amount: |
| \$125.00 Filing Fee \$\times 130.00 Filing Fee & Certificate of Status \$\times 155.00 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 Street/Courier Address Registration Section Division of Corporations |

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 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:

| Roderick Arnold (Must end with the words "Limited Liability | Property Services, L.L. (ty Company, "B.L.C.," or "LLC.") |
|--|--|
| ARTICLE II - Address: The mailing address and street address of the pri | ncipal office of the Limited Liability Company is: |
| Principal Office Address: | Mailing Address: |
| 625 E. Magnolin Dr Tallahassee, Fl 32301 | P.O. Box 6414 TAllahassee, Fl. 32314 |
| ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.) The name and the Florida street address of the results | egistered agent are: |

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.

City, State, and Zip

Registered Agent's Signature (REQUIRED)

(CONTINUED)

| | nger or Managing Member is as follows: |
|---|--|
| Title: | Name and Address: |
| "MGR" = Manager "MGRM" = Managing Member | ा के किया है। जिल्हा |
| | Ration And S |
| MGRM | 625 E. Magaglia Dr |
| | TAIL FL 32301 |
| MGRM | Latroha Arnold |
| | VAIL FL 3230, |
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| | |
| (Use attachment if necessary) | |
| | e date of filing: 6 7 12 (OPTION |
| LE V: Effective date, it other than th | be specific and cannot be more than five business da |
| fective date is listed, the date must l | • |
| fective date is listed, the date must l | • |
| fective date is listed, the date must l days after the date of filing.) | • |
| LE V: Effective date, if other than the fective date is listed, the date must be days after the date of filing.) REQUIRED SIGNATURE: | - Ala |
| fective date is listed, the date must leads after the date of filing.) REQUIRED SIGNATURE: | |

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)