## L[3000/02/05

| (Requestor's Name)                      |
|---|
| (Address)                               |
| (Address)                               |
| (City/State/Zip/Phone #)                |
| PICK-UP WAIT MAIL                       |
| (Business Entity Name)                  |
| (Document Number)                       |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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| ·                                       |
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|   |

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2013 JUL 17 AM 8: 40

J. SAULSBERRY EXAMINER JUL 18 2013

## **COVER LETTER**

| TO: Registration S Division of Co |  |   | _  |
|-----------------------------------|--|---|--|
| SUBJECT: AK                       | K MATH SER                                   | EVICES LLC  |  |
|                                   | Name of Limit                                | ed Liability Company  |  |
| The enclosed Articles of          | f Organization and fee(s) are                | submitted for filing.   |  |
| Please return all corresp         | ondence concerning this matt                 | ter to the following:   |  |
|                                   | ANDREW R                                     | KELLY   | 2913 JUL 17   MM 8º 46   |
|                                   |  | Name of Person  | <b>=</b>   |
|                                   |  |   | 17   |
| <del> </del>                      |  | Firm/Company  |  |
|                                   |  |   |  |
|                                   | 93 EASTWIND                                  | is CT   |  |
|                                   |  | Address   | 5. 0   |
|                                   | PALM HARBOR                                  | FL 34683  |  |
|                                   | Cit  | ry/State and Zip Code   |  |
|                                   | 2rkelly 66 6                                 | Jahoo, com<br>for future annual report notification)                |  |
|                                   | E-mail address: (to be used                  | for future annual report notification)                              |  |
| For further information           | concerning this matter, please               | e call:   |  |
| ANDREW Name                       | KELLY<br>of Person                           | at ( <u>908</u> ) <u>489 –</u><br>Area Code & Daytime Telep         | 4358<br>hone Number  |
| Enclosed is a check f             | or the following amount:                     |   |  |
| □\$125.00 Filing Fee              | □\$130.00 Filing Fee & Certificate of Status | □\$155.00 Filing Fee & Certified Copy (additional copy is enclosed) | \$160.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|                                   | Mailing Address Registration Section         | Street/Courier Address Registration Section                         |  |

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:  |  |                         |
| ARK MATH SERVICE  (Must end with the words "Limited Liability)   | 5 LLC<br>y Company, "L.L.C.," or "LLC.")   |                         |
| ARTICLE II - Address: The mailing address and street address of the print  | ncipal office of the Limited Liability Comp  | any is:                 |
| Principal Office Address:  | Mailing Address:   |                         |
| 93 EASTWINDS CT<br>PALM HARBOR, FL<br>34683  | 93 EASTWINDS CT<br>PAIN HARBOR, FC<br>34683  |                         |
| 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 re  | gistered agent are:  | 2013 JUL                |
| ANDREW R   | Kerry  |                         |
| Nume   | י, ד   | . 3>                    |
| 93 EASTWIN   |  | AH E                    |
| _  | ess (P.O. Box NOT acceptable)  |                         |
| PAIN HARBOR<br>City, Stat  | FL 34683<br>e, and Zip   | 0                       |
| Having been named as registered agent and to a<br>liability company at the place designated in th<br>registered agent and agree to act in this capacit<br>all statutes relating to the proper and complete<br>and accept the obligations of my position as reg | nis certificate, I hereby accept the appointmenty. I further agree to comply with the provisi<br>performance of my duties, and I am familian | nt as<br>ons of<br>with |

(CONTINUED)

ANUCLLA Registered Agent's Signature (REQUIRED)

| Title: "MGR" = Mana "MGRM" = Ma                                       | ager<br>anaging Member   | Name and Address:  |
|---|--|--|
|   |  |  |
|   |  |  |
|   |  |  |
|   |  | ित्र हैं ।<br>जिल्हा<br>जिल्हा   |
|   |  |  |
|   | <del></del>  |  |
| <i>a</i>  | A : 6  |  |
| effective date is<br>o or 90 days afte                                | e date, if other than the listed, the date muster the date of filing.)   | e date of filing: (OPTIONA<br>it be specific and cannot be more than five busine |
| LE V: Effective   | e date, if other than the listed, the date muster the date of filing.)  IGNATURE:  |  |
| CLE V: Effective date is or 90 days after the REQUIRED S  (In acconst | e date, if other than the listed, the date muster the date of filing.)  IGNATURE:  Signature of a member coordance with section 60 intutes an affirmation under aware that any false informativates a third degree felon | et be specific and cannot be more than five busine                               |