# L140000 19490

(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:

Office Use Only



300255290063

01/10/14--01010--025 \*\*130.00

Effective Date 1/7/14

SECRETARY OF STATEMS
DIVISION OF CORPORATIONS

AL IAN 10 AM 8: 04



#### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:	
ARGONAUTA	LLC
(Must end with the words "Limited	Liability Company, "L.L.C.," or "LLC.")

**ARTICLE II - Address:** 

**ARTICLE I - Name:** 

The mailing address and street address of the principal office of the Limited Liability Company is:

1323 CHESAPEAKE AVE 1323 CHESAPEAKE AVE

SUITE 1-A

MANUEL SUITE 1-A

SUITE 1-A

SUITE 1-A

SUITE 1-A

SUITE 1-A

SUITE 1-A

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:

CHRISTOPHER C. HARRIS

Name

1323 CHESAPEAKE A-VE 1-A

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

NAPLES

FL 34/07

City 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 605, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

SECRETARY OF STATE DIVISION OF CORPORATIONS



# FLORIDA DEPARTMENT OF STATE Division of Corporations

January 15, 2014

CHRISTOPHER C HARRIS 1323 CHESAPEAKE AVE 1-A NAPLES, FL 34102

SUBJECT: ARGONAUTA LLC Ref. Number: W14000002858

We have received your document for ARGONAUTA LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.", or the designation "LLC". The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC." The abbreviations "Ltd." and "Co.", also are no longer acceptable.

The document number of the name conflict is L11000141140 (ARGONAUTA, LLC).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6951.

JENNA D. HARRIS Regulatory Specialist II

Letter Number: 714A00001001

14 JAN IO AM 8: OL

Effective Date 1/7/14

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

#### ARTICLE I - Name:

The name of the Limited Liability Company is:

ARGONAUTA CLIENT SERVICES LLC.

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

### ARTICLE II - Address:

Principal Office Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

1323 CHESAPEAKE AVE

SUITE 1-A

NAPLES FLORIDA 3410V

NAPLES TO THE TOP THE SHOPE

NAPLES TO THE TOP THE

Mailing Address:

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:

CHRISTOPHER C. HARRIS

Name

1323 CHESAPEAKE AVE 1-A

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

NAPLES

City

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 605, F.S.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

SECHETARY OF STATE DIVISION OF CORPORATIONS

Title: "AMBR" = Authorized Member	Name and Address:
"MGR" ≒ Manager  • M ← R	CHRIS HARRIS
	CHRIS HARRIS 1323 CHESAPEAKE AVE 1-A
	NAPLES, FLORIDA 34102
AMBR	MICHELE PEPPE - HARRIS
	1323 CHESAPEALE AVE 1-A
	NAPLES ELORIDA 3:402
	•
<del></del>	
(Use attachment if necessary)	
CLE V: Effective date, if other than the effective date is listed, the date must be	date of filing: JANUARY 7. 2014(OPTIONAL) e specific and cannot be more than five business days prior to or 9
CLE V: Effective date, if other than the effective date is listed, the date must be of filing.)	date of filing: JANUARY 7. 2614(OPTIONAL) e specific and cannot be more than five business days prior to or 9
CLE V: Effective date, if other than the effective date is listed, the date must be of filing.)	e specific and cannot be more than five business days prior to or 9
CLE V: Effective date, if other than the effective date is listed, the date must be e of filing.) CLE VI: Other provisions, if any.	e specific and cannot be more than five business days prior to or 9
CLE V: Effective date, if other than the effective date is listed, the date must be e of filing.)  CLE VI: Other provisions, if any.  REOUIRED SIGNATURE:  Signature of a (In accordance with sect) constitutes an affirmatic I am aware that any fals	cc Hauco  member or an authorized representative of a member.  ion 605.0203 (1) (b), Florida Statutes, the execution of this document on under the penalties of perjury that the facts stated herein are true, the information submitted in a document to the Department of State
CLE V: Effective date, if other than the effective date is listed, the date must be e of filing.)  CLE VI: Other provisions, if any.  REOUIRED SIGNATURE:  Signature of a (In accordance with section constitutes an affirmatic I am aware that any fals constitutes a third degree.	member or an authorized representative of a member.  ion 605.0203 (1) (b), Florida Statutes, the execution of this document on under the penalties of perjury that the facts stated herein are true, are information submitted in a document to the Department of State are felony as provided for in s.817.155, F.S.)
LE V: Effective date, if other than the fective date is listed, the date must be of filing.)  LE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a (In accordance with section constitutes an affirmatic I am aware that any fals constitutes a third degree.	e specific and cannot be more than five business days prior to or some specific and cannot be more than five business days prior to or some specific and cannot be more than five business days prior to or some specific and cannot be member or an authorized representative of a member. Some formation of this document on under the penalties of perjury that the facts stated herein are true, we information submitted in a document to the Department of State.

Filing Fees:
5125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

Page 2 of 2