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To:

Division of Corporations

Fax Number (850)617-6383

From:

Account Name : SALVATORI, WOOD, BUCKEL, CARMICHAEL & LOTTES

Account Number : 120030000112 : (239)552~4100 Phone Fax Number ; (239)649~0158

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email Address:

JLH@SWBCL. Com

FLORIDA LIMITED LIABILITY CO. ARCA5, LLC

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Corporate Filing Menu

Help

(((H14000227269 3))) COVER LETTER

TO: Registration Section Division of Corporations	
•	
SUBJECT: ARCA5_LLC Name of Lin	nited Liability Company
Minimal Andrew Comments and Carlos	and a stand for filling
The enclosed Articles of Organization and fee(s) ar	e submitted for filing.
Please return all correspondence concerning this me	atter to the following:
KEVIN CARMICHAEL, ESQ	
TEAN ON MINISTREE LOS	Name of Person
	MANGUARU A LOTTEO
SALVATORI WOOD BUCKEL CAR	Firm/Company
•	
9132 STRADA PLACE, FOURTH F	
	Address
NAPLES, FL 34108	
	ity/State and Zip Code
JLH@SWBCL.COM	d for future annual report notification)
For further information concerning this matter, plea	se call:
KEVIN CARMICHAEL at (2	239) 552-4100
Name of Person	Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	_
☑ \$125.00 Filing Fee ☐\$130.00 Filing Fee & Certificate of Status	S155.00 Filing Fee & S160.00 Filing Fee, Certified Copy Certificate of Status & Certified Copy
	(additional copy is enclosed)
Mailing Address	Street/Courier Address
Registration Section	Registration Section
Division of Corporations	Division of Corporations Clifton Building
P.O. Box 6327 Tallahassee, FL 32314	2661 Executive Center Circle

Tallahassee, FL 32301

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ADMICI DI N	
ARTICLE I - Name: The name of the Limited Liability Company is.	
ADOAS II.O	
ARCA5, 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 o	ffice of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
224 OLD TAMIAMI TRAIL NAPLES, FL 34110	224 OLD TAMIAMI TRAIL NAPLES, FL 34110
ARTICLE III - Registered Agent, Registered Office, (The Limited Liability Company cannot serve as its own another business entity with an active Florida registratio	Registered Agent. You must designate an individual or
The name and the Florida street address of the registered	agent are:
SALVATORI WOOD BUCKE Name	
9132 STRADA PLACE, FOU	RTH FLOOR
Florida street address (P.O. Box	(<u>NOT</u> acceptable)
NAPLES	FL 34108
City	Zip
the place designated in this certificate, I hereby accept capacity. I further agree to comply with the provisions of my duties, and I am familiar with and accept the ob-	rvice of process for the above stated limited liability company at the appointment as registered agent and agree to act in this of all statutes relating to the proper and complete performance ligations of my position as registered agent as provided for in ter 605, F.S
(CONTINU	ED)
(03/111/0/	·/

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<u>Title:</u> "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
AMBR	ARCA7, LLC
	224 OLD TAMIAMI TRAIL
	NAPLES, FL 34110
· · · · · · · · · · · · · · · · · ·	
EV: Effective date, if other than th	e date of filing: (OPTIONAL) be specific and cannot be more than five business days prior to or 90
E V: Effective date, if other than the ctive date is listed, the date must of filing.) E VI: Other provisions, if any.	be specific and cannot be more than five business days prior to or 90
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E V: Effective date, if other than the ctive date is listed, the date must filling.) E VI: Other provisions, if any. REOUIRED SIGNATURE: Signature of (In accordance with section constitutes an affirmation I am aware that any false	a member or an authorized representative of a member. on 605.0203 (1) (b), Florida Statutes, the execution of this document under the penalties of perjury that the facts stated herein are true, information submitted in a document to the Department of State
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E V: Effective date, if other than the ctive date is listed, the date must filling.) E VI: Other provisions, if any. REOUIRED SIGNATURE: Signature of (In accordance with sectic constitutes an affirmation I am aware that any false constitutes a third degree	a member or an authorized representative of a member. on 605.0203 (1) (b), Florida Statutes, the execution of this document under the penalties of perjury that the facts stated herein are true, information submitted in a document to the Department of State felony as provided for in s,817.155, F.S.)

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