

L14000152260

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H14000227269 3)))



H140002272693ABCO

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : SALVATORI, WOOD, BUCKEL, CARMICHAEL & LOTTES
Account Number : 120030000112
Phone : (239)552-4100
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@SUBCL.COM

RECEIVED
14 SEP 29 AM 11:09
DIVISION OF CORPORATIONS
BUREAU OF COMMERCIAL
INFORMATION SERVICES

FLORIDA LIMITED LIABILITY CO.
ARCA5, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
14 SEP 29 AM 10:20
SEP 30 2014
J. HARRIS

(((H14000227269 3)))

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ARCA5, 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:

KEVIN CARMICHAEL, ESQ
Name of Person

SALVATORI WOOD BUCKEL CARMICHAEL & LOTTES
Firm/Company

9132 STRADA PLACE, FOURTH FLOOR
Address

NAPLES, FL 34108
City/State and Zip Code

JLH@SWBCL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

KEVIN CARMICHAEL at (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
- \$155.00 Filing Fee & 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
P.O. Box 6327
Tallahassee, FL 32314

Street/Courier Address
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

(((H14000227269 3)))

(((H14000227269 3)))

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is.

ARCA6, 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 office 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, & 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:

SALVATORI WOOD BUCKEL CARMICHAEL & LOTTES

Name

9132 STRADA PLAGE, FOURTH FLOOR

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

NAPLES FL 34108

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
14 SEP 29 AM 10:20

(((H14000227269 3)))

