

L15000038975

(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



100268540821

01/30/15--01005--012 **125.00

FILED

15 MAR -2 PM 4:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAR - 3 2015
T. HAMPTON

115-9468

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Arinsco, 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:

Leslie C. Hardison
Name of Person

Arinsco, LLC
Firm/Company

1682 Edith Esplanade
Address

Cape Coral, FL 33904
City/State and Zip Code

alte alternates@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Les Hardison at (239) 214-0738
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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED
15 MAR -2 AM 10:00
BUREAU OF COMMERCIAL
INFORMATION SERVICES

February 26, 2015

LESLIE C HARDISON
1682 EDITH ESPLANADE
CAPE CORAL, FL 33904

SUBJECT: ARINSCO, LLC
Ref. Number: W15000009468

We have received your document for ARINSCO, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

Pursuant to section 605.0207, F.S., the effective date must be specific, cannot be more than five business days prior to the date of filing or more than 90 days after the date of filing. Our office received your document on January 30, 2015. Please amend your document accordingly.

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) 245-6051.

Tammy Hampton
Regulatory Specialist III

Letter Number: 115A00004049

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Arinsco, 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:

1682 Edith Esplanade
Cape Coral, FL 33904

Mailing Address:

1682 Edith Esplanade
Cape Coral, FL 33904

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:

Leslie C. Hardison

Name

1682 Edith Esplanade

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

Cape Coral

City

FL 33904

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..

Leslie C. Hardison

Registered Agent's Signature (REQUIRED)

(CONTINUED)

FILED
15 MAR - 2 PM 4:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

Name and Address:

Leslie C. Hardison

1682 Edith Esplanade

Cape Coral, FL 33904

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: February 2, 2015

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:

Leslie C. Hardison

Leslie C. Hardison

Signature of a member or an authorized representative of a member.

(In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Leslie C. Hardison

Typed or printed name of signee

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)