

# L15000104009

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.**

((H15000147982 3)))



H150001479823ABC4

**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) 617-6381

From:

Account Name : CALDWELL HITCHNER, PLLC  
Account Number : I20150000052  
Phone : (407) 694-3755  
Fax Number : (407) 358-5182

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

Email Address: \_\_\_\_\_

**FLORIDA LIMITED LIABILITY CO.**

**Arctic3, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

RECEIVED  
15 JUN 16 AM 5:48  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

RECEIVED  
15 JUN 16 PM 4:54  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

[Electronic Filing Menu](#)

[Corporate Filing Menu](#)

[Help](#)

JUN 17 2015

W PAINTER

HI5000147982.3

Articles of Organization  
of  
Arctic3, LLC

The undersigned, pursuant to the provisions of Florida Statutes Chapter 605 (the "LLC Act"), for the purpose of forming a limited liability company under the laws of Florida, provides the following:

**1. Name**

The name of the limited liability company is Arctic3, LLC (the "Company").

**2. Period of Duration**

The duration of the company is perpetual, unless terminated earlier under the Act or the Company's operating agreement.

**3. Principal Place of Business Address**

Arctic3, LLC  
4767 New Broad Street  
Orlando, FL 32814

This address may be changed from time to time as provided in the Company's operating agreement.

**4. Mailing Address**

Caldwell Hitchner, PLLC  
4767 New Broad Street  
Orlando, FL 32814

This address may be changed from time to time as provided in the Company's operating agreement.

**5. Registered Agent**

The Company's registered agent in Florida is:  
Caldwell Hitchner, PLLC  
4767 New Broad Street  
Orlando, FL 32814

Having been named as registered agent and to accept service of process for the above stated 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.

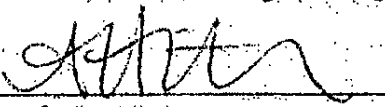
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

15 JUN 16 AM 5:43

FILED

HJ5000147982.3

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.

By:   
Aimee Collins Hitchner  
For the Firm

#### **6. Purpose**

The purpose of the Company is to conduct any and all business permitted by the LLC Act and any other applicable laws.

#### **7. Members**

The Company shall have at least one member and may admit additional members as the Company's operating agreement may provide.

#### **8. Management**

The Company shall be manager-managed and shall be managed by one or more managers appointed by its members in accordance with the terms of the operating agreement. The members shall designate the managers, who may also be members, at an annual meeting. The initial manager, who may serve until the first annual meeting of the members is:

Aimee Hitchner, Manager

#### **9. Continuity**

The Company shall not be dissolved upon the death, retirement, resignation, expulsion, dissolution, or any other event that terminates the membership of a member in the Company, or would result in dissolution of the Company. In accordance with the terms of its operating agreement, the Company shall not be dissolved without the written consent of the Company's remaining members.

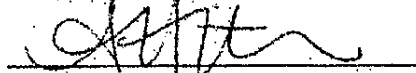
#### **10. Effective Date**

The effective date of organization is the date filed by the Department.

Dated: June 16, 2015

HI5000147982 3

I am the authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that 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. I acknowledge that I have read the "Notice of Annual Report" statement and understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of this LLC and every year thereafter to maintain "active" status.



Aimee Collins Hitchner  
Authorized Representative of the Members

STATE OF FLORIDA

§

§

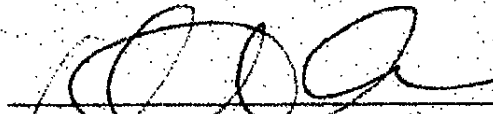
COUNTY OF ORANGE

§

The foregoing instrument was acknowledged before me on June 16, 2015, by AIMEE COLLINS HITCHNER, who produced a driver's license issued by Florida that contained her photograph and signature as identification.



M. ELIZABETH HEINY  
NOTARY PUBLIC  
STATE OF FLORIDA  
Comm# EE201535  
Expires 5/23/2016

  
Notary Public State of Florida  
Notary's printed name: M. Elizabeth Heiny

FILED  
15 JUN 16 AM 5:49  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA