

L15000179435

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

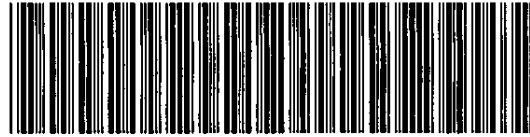
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400278023844

10/16/15--01006--018 **125.00

FILED
2015 OCT 16 PM 3:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

OCT 22 2015

T. BROWN



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 6, 2015

KERRY-ANN ROYES
5614 SW 119 AVE
COOPER CITY, FL 33330

SUBJECT: THE ARROW CONSULTING L.L.C.
Ref. Number: W15000066242

We have received your document for THE ARROW CONSULTING L.L.C. and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

There is a balance due of \$125.00.

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) 245-6052.

WESTLEE A PAINTER
Regulatory Specialist II

Letter Number: 915A00021067

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

The Arrow Consulting, L.L.C.

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

FILED
2015 OCT 16 PM 3:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

5614 SW 119 Avenue, Cooper City, FL. 33330

5614 SW 119 Avenue, Cooper City, FL. 333

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:

Kerry-Ann Royce

Name

5614 SW 119 Avenue

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

Cooper City

FL.

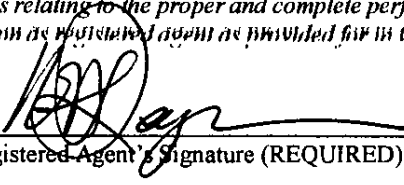
33330

City

State

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)

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

Name and Address:

Kerry-Ann Royes

5614 SW 119 Avenue

Cooper City, FL. 33330

(Use attachment if necessary)


ARTICLE V: Effective date, if other than the date of filing: 9/23/2015 (OPTIONAL)

(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.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:



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

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.

Kerry-Ann Royes

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)