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Division of Corporations



Florida Department of State

Division of Corporations **Electronic Piling Cover Sheet**

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: (954) 522-9123 Fax Number

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

Enail Address:

FLORIDA LIMITED LIABILITY CO.

Tardis Capital Investments, LLC

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Electronic Filing Menu

Corporate Filing Menu

Help





H16000218523 3

COVER LETTER

TO: Registration Section Division of Corporations

Tardis Capital Investments, LLC SUBJECT:

Name of Limited Liability Company

The enclosed Articles of Organization and fcc(s) are submitted for filling.

Please return all correspondence concerning this matter to the following:

William T. Coleman

Name of Person

Brinkley Morgan

Firm/Company

200 East Las Olas Blvd., 19th Floor

Address

Fort Lauderdale, FL 33301

City/State and Zip Code

william.coleman@brinkleymorgan.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

954	522	2200
	ant (<u>}</u>
Name of Person	Area Code	Daytime Telephone Number

Enclosed is a check for the following amount:

\$125.00 Filing Pee	\$130.00 Filing Fee & Cartificate of Sintus	S155.00 Filing Fee & Extified Copy (additional copy is enclosed)	S160.00 Filing Fee Certificate of Statu Certified Copy (additional copy is en	12	2	
New Divis P.O.	Ing Address Filing Section sion of Corporations Box 6327 heasee, FL 32314	<u>Street Address</u> New Filing Section Division of Corporat Clifton Building 2661 Executive Cent Tallahassee, FL 3230	er Circle		2 :6 W	کندر میر و ۱۹ میر در ۱۹ میر در ۱۹ میر ۱۹ مر

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BRINKLEY MORGAN

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:

The name of the Limited Liability Company is:

Tardis Capital Investments, LLC

(Must and 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:

Frinchat Office Address:

Mailing Address:

200 East Las Olas Blvd., Suite 1600 Fort Lauderdale, FL 33301

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 acother business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

Douglas Kutzga	г	
	Name	
200 East Las Olas Bl	vd., Suite 1600	
Florida street address	(P.Q. Box <u>NOT</u>)	scceptable)
Fort Lauderdale	FL	33301
City	State	Zlp

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 cortificate, I hereby accept the appointment as registered agent and agree to act in this tapacity. 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.

egistered Agenta Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

16 SEP -1 AL 9: 29

H16000218523 3

H16000218523 3

ARTICLE IV-

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

Name and Addressi-

Title:

"AMBR" = Authorized Member	
"MGR" = Manager	
	A 11 A
AMBR	David Glass
	c/o 60 Hendricka Isle, #201
	Fort Lauderdale, FL 33301
	Saulyco LLC
AMBR	Yitzhak Stern
	220 Surrey Road
	Hillaide, NJ 07205
	Timade, 10 07202

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: September 1, 2016 . (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.)

Nota: If the date inserted in this block does not most 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. Arch Holdings, LLC, a New York limited liability company, merged with Tardis Capital Investmenta, LLC, effective September 1, 2016 pursuant to:a Plan of Morger,

REQUIRED SIGNATURE: * 10mas 1mg 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.

William T. Coleman

Typed or printed name of signes

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional) 5 5.00 Certificate of Status (Optional)

Page 2 of 2

H16000218523 3

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