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SECRETARY OF STATE TALL AND A SECRETARY OF STATE

COVER LETTER

	egistration Section ivision of Corporations
SUBJECT	: ARITHMETIC INVESTMENTS, LLC Name of Limited Liability Company
	Name of Limited Liability Company
The enclos	ed Articles of Organization and fee(s) are submitted for filing.
Please retu	rn all correspondence concerning this matter to the following:
	Steven Siegel Name of Person
	Name of Person
	Firm/Company
	1121 NW 118+H STREET Address
	GAINES VILLE, FL 32606 City/State and Zip Code Berger 1836 Daol. Com E-mail address: (to be used for future annual report notification)
-	E-mail address: (to be used for future annual report notification)
For further i	nformation concerning this matter, please call:
	Steven Siegel at (732) 245-7613 Name of Person Area Code Daytime Telephone Number
Enclosed is	s a check for the following amount:
\$125.00 F	lling Fee \$\int_{\text{S130.00 Filing Fee & Certificate of Status}} \int_{\text{S155.00 Filing Fee & Certificate of Status & Certified Copy}} \int_{\text{Certified Copy is enclosed}} \int_{\text{S160.00 Filing Fee, Certified Copy (additional copy is enclosed)}} \int_{\text{Certified Copy (additional copy is enclosed)}} \int_{\text{S160.00 Filing Fee, Certified Copy (additional copy is enclosed)}} \int_{\text{S160.00 Filing Fee, Certified Copy (additional copy is enclosed)}} \int_{\text{S160.00 Filing Fee, Certified Copy (additional copy is enclosed)}} \int_{\text{S160.00 Filing Fee, Certified Copy (additional copy is enclosed)}} \int_{\text{S160.00 Filing Fee, Certified Copy (additional copy is enclosed)}} \int_{\text{S160.00 Filing Fee, Certified Copy (additional copy is enclosed)}} \int_{\text{S160.00 Filing Fee, Certified Copy (additional copy is enclosed)}} \int_{\text{S160.00 Filing Fee, Certified Copy (additional copy is enclosed)}} \int_{\text{S160.00 Filing Fee, Certified Copy (additional copy is enclosed)}} \int_{\text{S160.00 Filing Fee, Certified Copy (additional copy is enclosed)}} \int_{\text{S160.00 Filing Fee, Certified Copy (additional copy is enclosed)}} \int_{\text{S160.00 Filing Fee, Certified Copy (additional copy is enclosed)}} \int_{\text{S160.00 Filing Fee, Certified Copy (additional copy is enclosed)}} \int_{\text{S160.00 Filing Fee, Certified Copy (additional copy is enclosed)}} \int_{\text{S160.00 Filing Fee, Certified Copy (additional copy is enclosed)}} \int_{\text{S160.00 Filing Fee, Certified Copy (additional copy is enclosed)}} \int_{\text{S160.00 Filing Fee, Certified Copy (additional copy is enclosed)}} \int_{\text{S160.00 Filing Fee, Certified Copy (additional copy is enclosed)}} \int_{\text{S160.00 Filing Fee, Certified Copy (additional copy is enclosed)}} \int_{\text{S160.00 Filing Fee, Certified Copy (additional copy is enclosed)}} \int_{\text{S160.00 Filing Fee, Certified Copy (additional copy is enclosed)}} S160.00 Filing Fee, Certified Copy (additional copy is enclo
	Mailing AddressStreet AddressNew Filing SectionNew Filing SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 32314'2661 Executive Center CircleTallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

A	R	T	IC	LI	I	-	N	a	me	:
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The name of the Limited Liability Company is:

(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:

NW 118+4

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:

1/21 NW 1/8TH STREET

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

GAINESVILLE FL
City State

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.

ignature (REQUIRED)

(CONTINUED)

Page 1 of 2

Title: "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager M 6-K	STEVEN SIEGEL 1101 NW 118 TH ST, FAUNESVILLE, FL 30606
Amge	SHIRA SIEGEL 1121 NV 118 TH ST, GAINESVICLE, FL 806
AMBR	JONATHAN SIEGEL 1121 NN 118TH ST, FAMERINIE, PL 3260
(Use attachment if necessary)	
(SEC WINDOWN IN NECESIALLY)	
ICLE V: Effective date, if other than the date on effective date is listed, the date must be spelate of filing.)	of filing: (OPTIONAL) ecific and cannot be more than five business days prior to or 90 days after neet the applicable statutory filing requirements, this date will not be listed as of State's records.
TICLE V: Effective date, if other than the date on effective date is listed, the date must be spelate of filing.) e: If the date inserted in this block does not m	ecific and cannot be more than five business days prior to or 90 days after neet the applicable statutory filing requirements, this date will not be listed as
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A CLE V: Effective date, if other than the date of the effective date is listed, the date must be speate of filing.) E: If the date inserted in this block does not make the date inserted in the Department of t	ecific and cannot be more than five business days prior to or 90 days after neet the applicable statutory filing requirements, this date will not be listed as

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)

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