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## COVER LETTER

TO: New Filing Section Division of Corporations					
SUBJECT: ARBOR PRO					
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:					
JOSEPH LYMAN KIODER III.  Name of Person					
P/A Firm/Company					
Firm/Company					
10316 GOLDENBROOK WAY					
City/State and Zip Code  Arbor pro 17 @ Yahoo, 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 information concerning this matter, please call:					
Toseph Lyman Kloosk at (813) 335 - 5251  Name of Person Area Code Daytime Telephone Number					
Enclosed is a check for the following amount:					
S125.00 Filing Fee \$\ \text{S130.00 Filing Fee & Certificate of Status} \text{Certified Copy (additional copy is enclosed)} \text{S160.00 Filing Fee, Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)}					
Mailing AddressStreet AddressNew Filing SectionNew Filing SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle					

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Con	mpany is:			
Art	por Pro	LLC	y, "L.L.C.," or "LLC.")	
(Must contain the	e words "Limited l	Liability Compan	y, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street addres	s of the principal o	ffice of the Limit	ed Liability Company is:	
Principal Office Address:			Mailing Address:	
10316 GOLDS TAMPA, FL	NBROOK 1 ORIOA 33	WAY _	10316 GOLDENBR TAMPA, FLORIDA	33647
ARTICLE III - Registered Agent, R (The Limited Liability Company cann another business entity with an active	ot serve as its own Florida registratio	Registered Agen n.)		al or
The name and the Florida street addre	ess of the registered	l agent are:	•	¥5.
*****	JOSEPH	Lyman Name	KIDDER III	7 85
	10316	-01 05 N QQ	'AAK INAH	
FI	orida street address	s (P.O. Box <u>NO</u> T	Look way [acceptable]	(元) (元) (元)
				or atale ar oration
	City	State	3364 <del>7</del> Zip	9
Having been named as registered agent place designated in this certificate, I her further agree to comply with the provisi am familiar with and accept the obligati	reby accept the appo ons of all statutes re	ointment as registed the property of the prope	ered agent and agree to act in this per and complete performance of m	mpany at the Great Correction of the Correction

(CONTINUED)

Title: "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager MC R  AMBR  AMBR	JOSZPH LYMAN KIDDER THE 10316 GOLDENBROOK WAY TAMPA, FLORIDA 33647  JAMES JOSZPH McGeady 10316 GOLDENBROOK WAY TAMPA FLORIDA 33647
AMBR	Alisha Jeanette Sullivan 10316 Goldenbrook way TAMPA, Florida 33647
the date of filing.)	g: (OPTIONAL)  nd cannot be more than five business days prior to or 90 days after applicable statutory filing requirements, this date will not be listed as
the document's effective date on the Department of State  ARTICLE VI: Other provisions, if any.	
REQUIRED SIGNATURE:	)
This document is executed in a I am aware that any false inform constitutes a third degree felony	cordance with section 605.0203 (1) (b), Florida Statutes, nation submitted in a document to the Department of State y as provided for in s.817.155, F.S.
1 ype	to or printed hanne or signee

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

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)

ARTICLE IV-