

L17000203917

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

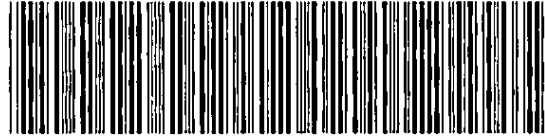
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

M. MOON

OCT 04 2017



500304143255

FILED
OCT -3 PM 4:20
TALLAHASSEE, FLORIDA

FILED
OCT -3 AM 8:57
TALLAHASSEE, FLORIDA



COGENCYGLOBAL

115 N CALHOUN ST., STE. 4
TALLAHASSEE, FL 32301
866.625.0838
COGENCYGLOBAL.COM

Account#: I20000000088

Date: **October 3, 2017**

Name: **Marisa Kugelmann**

Reference #: **L101070**

Entity Name: **ARCHIPELAGO ENT., LLC**

☒ Articles of Incorporation/Authorization to Transact Business

☐ Amendment

☐ Change of Agent

☐ Reinstatement

☐ Conversion

☐ Merger

☐ Dissolution/Withdrawal

☐ Fictitious Name

☐ Other _____

Authorized Amount: **\$125.00**

Signature: *Marisa Kugelmann*

• CORPORATE HQ
COGENCY GLOBAL INC.
10 E. 40 ST., 10 FL
NY, NY 10016
800.771.0107
+1.212.947.7200

• EUROPEAN HQ
COGENCY GLOBAL (UK) LIMITED
REG. OFFICE IN ENGLAND & WALES
2nd FLOOR, 17/18
6 BELVIS MARKS, 17 FL
LONDON EC3A 7BA
+44 (0)20.3786.1090

• ASIA PACIFIC HQ
COGENCY GLOBAL (HONG KONG) LIMITED
A HONG KONG LIMITED COMPANY
INFINITUS PLAZA, 12/F
169 DES VOLEUX RD, CENTRAL
HONG KONG
+852.3975.1803

17 OCT -3 AM 8:57
SECRET
STATE OF FLORIDA
CLERK OF SUPERIOR COURT
TALLAHASSEE



COGENCYGLOBAL

115 N CALHOUN ST., STE. 4
TALLAHASSEE, FL 32301
866.625.0838
COGENCYGLOBAL.COM

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

ARCHIPELAGO ENT., LLC

(Must contain 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:

1722 Holtner Ave.
Orlando, FL 32809

Mailing Address:

1722 Holtner Ave.
Orlando, FL 32809

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:

COGENCY GLOBAL INC.

Name

115 North Calhoun Street, Suite 4

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

Tallahassee

Florida

32301

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..

P. Kellner, PATRICK KELLNER, ASST. SECRETARY
Registered Agent's Signature (REQUIRED)

(CONTINUED)

17 OCT -3 AM 8:51
SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Ross Lwa, MGR

Brian Shenefelt, MGR

Name and Address:

1722 Hoffner Ave.

Orlando, FL 32809

1722 Hoffner Ave.

Orlando, FL 32809

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (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:

Brian Shenefelt

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.

Brian Shenefelt, Member and Manager

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)

RECEIVED
STATE
17 OCT -3 AM 8:51
FLORIDA