

L18 000 066 338

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

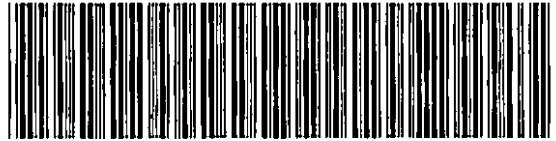
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800310041148

03/09/18--01023--017 **125.00

FILED
18 MAR -9 AM 6:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D O'KEEFE
MAR 19 2018

LAW OFFICES OF THOMAS J. HERBERT

2020 W. EAU GALLIE BLVD., STE. 106 • MELBOURNE, FL 32935
TELEPHONE: (321) 633-3505 • FACSIMILE: (321) 633-3585

March 7, 2018

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

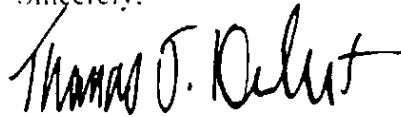
Re: ARK Custom Print, LLC
Articles of Organization and Designation of Resident Agent

Dear Representative:

Please find enclosed Articles of Organization for immediate processing and check number 1598 for payment of the associated filing fees. It is hoped that a formation date of March 6, 2018 will be possible, and anything you can do to facilitate same is much appreciated.

Thank you very much for your time and efforts, and please do not hesitate to contact me if I may be of any assistance whatsoever.

Sincerely,



Thomas J. Herbert

TJH/
Cc: Aylen Abreo
Enclosures: (As stated)

COVER LETTER

**TO: New Filing Section
Division of Corporations**

SUBJECT: ARK CUSTOM PRINT, LLC
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:

Thomas J. Herbert, Esq.

Name of Person

Law Offices of Thomas J. Herbert

Firm/Company

2020 W. Eau Gallie Blvd., Ste. 106

Address

Melbourne, FL 32935-4022

City/State and Zip Code
aylen@promotionalplus.com

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

For further information concerning this matter, please call:

Tom Herbert 321 255-9001

Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- ☒ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

ARK CUSTOM PRINT, 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:

1150 Tomango Dr
Melbourne, FL 32904

Mailing Address:

P.O. Box 120604
West Melbourne, FL 32912

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:

Thomas J. Herbert, Esq.

Name

2020 W. Eau Gallie Blvd., Ste. 106

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

Melbourne

FL

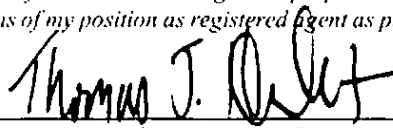
32935

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)

FILED
18 MAR - 9 AM 6:25
TALAHASSEE, FLORIDA
SECRETARY OF STATE

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:

Avlen Abreo

P.O. Box 120604

W. Melbourne, FL 32912

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 03/06/2018 (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.

AYLEN ABREO

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)

FILED
18 MAR -9 AM 6:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA