

L18000130040

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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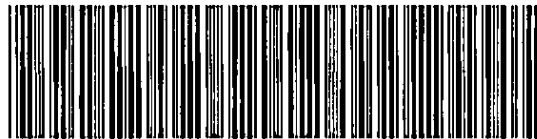
(Business Entity Name)

(Document Number)

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2018 MAY 24 AM 10:13
SECRETARY OF STATE
TALLAHASSEE, FL 32310

N CULLIGAN

MAY 25 2018

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: ARIGAGI 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:

LAURA Schonberg
Name of Person

Schonberg And Timmerman PL
Firm/Company

4000 Hollywood blvd, suite 555-S
Address

Hollywood FL 33021
City/State and Zip Code

LAURA@ST-immigration.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LAURA Schonberg at (954) 980-5546
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

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ARTICLE I - Name:

The name of the Limited Liability Company is:

ARIGAGI LLC

(Must contain the words "Limited Liability Company," "L.L.C.," or "LLC.")

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

3011 OAKTREE Lane
Hollywood, FL 33021

Mailing Address:

3011 OAKTREE Lane
Hollywood, FL 33021

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:

LAURA Schonberg
Name

4000 HOLLYWOOD Blvd, Suite 555-S
Florida street address (P.O. Box ~~NOT~~ acceptable)

Hollywood FL 33021
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)

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

MGR

MGR

Name and Address:

LAURA SCHONBERG AND
YEHOASHUA GRASIANI JOINT
REVOCAABLE TRUST
3011 OAKTREE LANE
HOOLYWOOD, FL 33021

YEHOASHUA GRASIANI
3011 OAKTREE LANE
HOOLYWOOD, FL 33021

LAURA Schonberg
3011 OAKTREE LANE
HOOLYWOOD, FL 33021

SECRETARY OF STATE
TALLAHASSEE
FL 32399-0400

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(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.

THE PURPOSE OF THIS LLC IS TO BUY, SELL, RENT, MANAGE REAL
ESTATE AND ENGAGE IN ANY LAWFUL ACTIVITY FOR
WHICH A LLC MAY BE ORGANIZED IN THE STATE OF FLORIDA

REQUIRED SIGNATURE:

Shook

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.

YEHOASHUA GRASIANI

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)