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(Re	questor's Name)	
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	dress)	
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(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



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12/28/18--01017--012 **160.00

COVER LETTER

	New Filing Section Division of Corporations	
SUBJECT	ARS Minerals, LLC	
30131.01	Name of Limited Lia	bility Company
The enclos	osed Articles of Organization and fee(s) are submit	ted for filing.
Please retu	turn all correspondence concerning this matter to the	ne following:
	Amanda R. Simmons, Trustee	
	Name	of Person
	Firm	Company
	504 Cummings Street	
	Ac	idress
	Sarasota, FL 34242	
	City/State cassel50@mac.com	and Zip Code
-	E-mail address: (to be used for futur	e annual report notification)
For further in	information concerning this matter, please call:	
	Amanda R. Simmons 202	487-7889
	Name of Person Area Code	Daytime Telephone Number
Enclosed is	is a check for the following amount:	
S 125.00 Fi	Certificate of Status Cer	5.00 Filing Fee & S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address New Filing Section Division of Corporations P.O. Box 6327	Street Address New Filing Section Division of Corporations Clifton Building

Tallahassee, FL 32314

2661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

RTICLE I - Name: the name of the Limited Liab	ility Company is:	,	
ARS Mineral, LLC (Must co	Contain the words "Limited I	Liability Company	, "L.L.C.," or "LLC.")
RTICLE II - Address: he mailing address and street	taddress of the principal o	ffice of the Limiter	t Liability Company is:
-	ripal Office Address:	trice of the Ishintee	Mailing Address:
7016	reet	504	Cummings Street
504 Cummings Str			
Sarasota, FL 3424 RTICLE III - Registered A	Agent, Registered Office,	& Registered Age	ent's Signature: You must designate an individual or
Sarasota, FL 3424 RTICLE III - Registered A The Limited Liability Compa nother business entity with a	Agent, Registered Office, my cannot serve as its own m active Florida registratio	& Registered Age Registered Agent. n.)	nt's Signature:
Sarasota, FL 3424 RTICLE III - Registered A The Limited Liability Compa	Agent, Registered Office, my cannot serve as its own m active Florida registratio	& Registered Agent, n.) agent are:	nt's Signature:
Sarasota, FL 3424 RTICLE III - Registered A The Limited Liability Compa nother business entity with a	Agent, Registered Office, any cannot serve as its own an active Florida registratio et address of the registered	& Registered Agent, n.) agent are:	nt's Signature:
Sarasota, FL 3424 RTICLE III - Registered A The Limited Liability Compa nother business entity with a	Agent, Registered Office, any cannot serve as its own an active Florida registratio et address of the registered	& Registered Agent. n.) agent are: Name	nt's Signature:
Sarasota, FL 3424 RTICLE III - Registered A The Limited Liability Compa nother business entity with a	Agent, Registered Office, iny cannot serve as its own in active Florida registration et address of the registered Amanda R. Simmons	& Registered Age Registered Agent, n.) agent are: S	nt's Signature: You must designate an individual or
Sarasota, FL 3424 RTICLE III - Registered A The Limited Liability Compa nother business entity with a	Agent, Registered Office, my cannot serve as its own n active Florida registratio et address of the registered Amanda R. Simmons 504 Cummings Stree	& Registered Age Registered Agent, n.) agent are: S	nt's Signature: You must designate an individual or

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)

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)

COVER LETTER

TO:	New Filing Section Division of Corporations	
	•	(COPY
SUBJE	ARS Minerals, LLC	⊕COI I
	Name of Limited Liability Company	
The en	closed Articles of Organization and fee(s) are submitted for filing.	
	- · · · · · · · · · · · · · · · · · · ·	
Please	return all correspondence concerning this matter to the following:	
	Amanda R. Simmons. Trustee	
	Name of Person	
	Firm/Company	
	504 Cummings Street	
	Address	
	Sarasota, FL 34242	
	City/State and Zip Code cassel50@mac.com	
	E-mail address: (to be used for future annual report noti	fication)
For furth	her information concerning this matter, please call:	
	Amanda R. Simmons 202 487-7889	
	Name of Person Area Code Daytime Tele	phone Number
Enclos	sed is a check for the following amount:	
	00 Filing Fee \$\text{S130.00 Filing Fee & Certified Copy}\$\text{(additional copy is enclose}\$	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing AddressStreet AddressNew Filing SectionNew Filing SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive of Tallahassee, FL	oorations Center Circle

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARS Mineral, LLC			
(Must contain	in the words "Limited	Liability Compar	ıy, "L.L.C.," or "LLC.")
TICLE II - Address:			
mailing address and street ad-	dress of the principal o	ffice of the Limit	ted Liability Company is:
Principa	l Office Address:		Mailing Address:
504 Cummings Street		5	04 Cummings Street
Sarasota, FL 34242		<u></u>	arasota, FL 34242
TICLE III - Registered Ager	cannot serve as its own	& Registered A Registered Ager	
TICLE III - Registered Ager e Limited Liability Company of ther business entity with an ac	cannot serve as its own ctive Florida registration	& Registered A Registered Ager	gent's Signature:
TICLE III - Registered Ager	cannot serve as its own ctive Florida registration ddress of the registered	& Registered A Registered Ager on.) d agent are:	gent's Signature:
TICLE III - Registered Ager e Limited Liability Company of ther business entity with an ac	cannot serve as its own ctive Florida registration	& Registered A Registered Ager on.) d agent are:	gent's Signature:
TICLE III - Registered Ager e Limited Liability Company of ther business entity with an ac	cannot serve as its own ctive Florida registration ddress of the registered	& Registered A Registered Ager on.) d agent are: Name	gent's Signature:
TICLE III - Registered Ager e Limited Liability Company of ther business entity with an ac	cannot serve as its own ctive Florida registration ddress of the registered Amanda R. Simmon	& Registered A Registered Ager on.) I agent are: S Name	gent's Signature: nt. You must designate an individu
TICLE III - Registered Ager e Limited Liability Company of ther business entity with an ac	cannot serve as its own ctive Florida registration ddress of the registered Amanda R. Simmon 504 Cummings Street	& Registered A Registered Ager on.) I agent are: S Name	gent's Signature: nt. You must designate an individu

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)

<u>Title:</u> "AMBR" = Authorized Member	Name and Address;
"MGR" = Manager MGR	Amanda R. Simmons 504 Cummings Street Sarasota, FL 34242
(Use attachment if necessary) ARTICLE V: Effective date if other than the date of	of filing: January 1, 2019 . (OPTIONAL)
(If an effective date is listed, the date must be spec the date of filing.)	cific and cannot be more than five business days prior to or 90 days after cet the applicable statutory filing requirements, this date will not be listed as
ARTICLE VI: Other provisions, if any.	
REQUIRED SIGNATURE:	Juliedge Simmers
This document is executed I am aware that any false in	ber or an authorized representative of a member. I in accordance with section 605.0203 (1) (b), Florida Statutes. Information submitted in a document to the Department of State Pelony as provided for in s.817.155, F.S.
Amanda Rutledge S	Typed or printed name of signee
\$125.00 Filing Fee for Articles of Organ \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)	Filing Fees: nization and Designation of Registered Agent

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

ARTICLE IV-