

L190000014002

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____

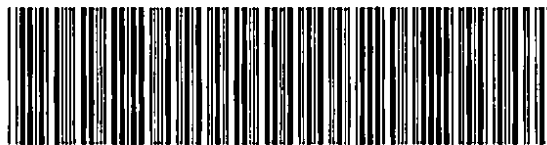
Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

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JAN 16 2019



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19 JAN 10 PM 3:06
JAN 10 2019
JAN 10 2019

COVER LETTER

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

Fractal Spirit, LLC

SUBJECT: _____
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:

James Drake Arnold

Name of Person

Fractal Spirit, LLC

Firm/Company

2332 SE 13th St .

Address

Ocala/ Florida 34471

City/State and Zip Code

Drake@Fractal-Spirit.com

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

For further information concerning this matter, please call:

James Drake Arnold

352

274 2044

at (_____) _____

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

ARTICLE I - Name:

The name of the Limited Liability Company is:

Fractal Spirit, 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:

Mailing Address:

2332 SE 13th St Ocala, FL. 34471

2332 SE 13th St Ocala, FL. 34471

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:

James Drake Arnold

Name

2332 SE 13th St

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

Ocala, FL, 34471

City

State

Zip

Having been named as registered agent and to accept service of process for the above stated limited liability company at the address 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..

James Drake Arnold

Registered Agent's Signature (REQUIRED)

(CONTINUED)

FILED
JAN 10 2010
CLERK OF CIRCUIT COURT
IN AND FOR THE
STATE OF FLORIDA
SOUTHERN DISTRICT

19 JAN 10 PM 3:06

CLERK OF CIRCUIT COURT
IN AND FOR THE
STATE OF FLORIDA
SOUTHERN DISTRICT

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:

(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:

James Drake Arnold

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.

James Drake Arnold

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
19 JAN 10 PM 3:06
TALLAHASSEE, FLORIDA
CLERK OF THE CIRCUIT COURT