## 119000 241956

|                      | (Requestor's Name)       |
|----------------------|--------------------------|
|                      | (Address)                |
|                      | (Address)                |
| <del></del>          | (City/State/Zip/Phone #) |
| PICK-UP              | P WAIT MAIL              |
|                      | (Business Entity Name)   |
|                      | (Document Number)        |
| Certified Copies     | Certificates of Status   |
| Special Instructions | to Filing Officer:       |
|                      |                          |
|                      |                          |
|                      |                          |

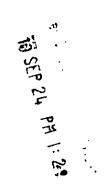
Office Use Only

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## COVER LETTER

|             | COVER LETTE   | iR .  |   | . 64     |
|-------------|---|---|---|----------|
|             | Registration Section<br>Division of Corporations                      |   | TI SEP 24   | PH 1: 6: |
| CHBIC       | ARAROD SALES AND SERVICES, LLC  |   |   |          |
| SUBJEC      | Name of Limited Liability   | / Company   |   |          |
| The enclo   | sed Articles of Organization and fee(s) are submitted for             | or filing.  |   |          |
| Please ret  | urn all correspondence concerning this matter to the following        | lowing:   |   |          |
|             | JUAN ARANA  |   |   |          |
|             | Name of P   | erson   |   |          |
|             | ARAROD SALES AND SERVICES, LLC  |   |   |          |
|             | Firm/Com  | pany  |   |          |
|             | 968 VINERIDGE RUN 108   |   |   |          |
|             | Addres  | s   |   |          |
|             | ALTAMONTE SPRINGS FL.32714  |   |   |          |
|             | City/State and  | Zip Code  |   |          |
|             | aranaesculona@gmail.com  E-mail address: (to be used for future and   | nual report notification)   |   |          |
| For further | information concerning this matter, please call:                      |   |   |          |
|             | JUAN ARANA 407  | 715-9711  |   |          |
|             | Name of Person Area Code  | Daytime Telephone Numbe   | r   |          |
| Enclosed    | s a check for the following amount:                                   |   |   |          |
| \$125.00 F  | Certificate of Status Certified                                       | Cert<br>Copy is enclosed) Certi   | .00 Filing Fee,<br>ificate of Status &<br>ified Copy<br>onal copy is enclos |          |
|             | New Filing Section N<br>Division of Corporations D<br>P.O. Box 6327 C | treet Address  lew Filing Section  livision of Corporations  lifton Building  661 Executive Center Circle |   |          |

Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| Ty Company. "L.L.C" or "LLC.")  the Limited Liability Company is:  Mailing Address:  968 VINERIDGE RUN 108 ALTAMONTE SPRINGS FL.32714  Stered Agent's Signature: red Agent. You must designate an individual or                  |
|--|
| the Limited Liability Company is:  Mailing Address:  968_VINERIDGE RUN_108 ALTAMONTE SPRINGS FL.32714  stered Agent's Signature: red Agent. You must designate an individual or  |
| the Limited Liability Company is:  Mailing Address:  968_VINERIDGE RUN_108 ALTAMONTE SPRINGS FL.32714  stered Agent's Signature: red Agent. You must designate an individual or  |
| Mailing Address:  Mailing Address:  968 VINERIDGE RUN 108 ALTAMONTE SPRINGS FL.32714  Stered Agent's Signature: red Agent. You must designate an individual or   |
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| <u>;                                    </u>   |
| Box NOT acceptable)  |
| L 32714  |
| ate Zip  |
| ocess for the above stated limited liability company at the tar registered agent and agree to act in this capacity. It is the proper and complete performance of my duties, and I ered agent as provided for in Chapter 605, F.S |
| 3  |

Page 1 of 2

| <u>Citle:</u>   | Name and Address: SEP 24 PA 1:   | Z.          |
|---|--|-------------|
| AMBR" = Authorized Member   | 19 2EI E4  |             |
| MGR" = Manager  |  |             |
| AMBR  | JUAN ARANA   |             |
|   | 968 VINERIDGE RUN 108  |             |
|   | ALTAMONTE SPRINGS FL.32714   |             |
| MGR   | JUAN ARANA   |             |
|   | 968 VINERIDGE RUN 108  |             |
|   | ALTAMONTE SPRINGS FL.32714   | _           |
|   |  |             |
| <del></del>   |  |             |
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|   |  |             |
| V: Effective date, if other than the date   | e of filing: 09/01/2019 (OPTIONAL)   | —<br>r 90 d |
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| V: Effective date, if other than the date tive date is listed, the date must be sp filing.) the date inserted in this block does not be ent's effective date on the Department VI: Other provisions, if any.  Signature of a mathematical transfer of the document is executed am aware that any fals | meet the applicable statutory filing requirements, this date will of State's records.  | l not t     |
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\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

- \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)