

# L19000293398

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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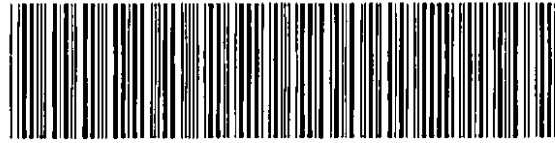
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FL

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# CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301  
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

ARCADIA REAL ESTATE FL LLC

- ☐ Art of Inc. File \_\_\_\_\_
- ☐ LTD Partnership File \_\_\_\_\_
- ☐ Foreign Corp. File \_\_\_\_\_
- ☒ L.C. File \_\_\_\_\_
- ☐ Fictitious Name File \_\_\_\_\_
- ☐ Trade/Service Mark \_\_\_\_\_
- ☐ Merger File \_\_\_\_\_
- ☐ Art. of Amend. File \_\_\_\_\_
- ☐ RA Resignation \_\_\_\_\_
- ☐ Dissolution / Withdrawal \_\_\_\_\_
- ☐ Annual Report / Reinstatement \_\_\_\_\_
- ☐ Cert. Copy \_\_\_\_\_
- ☒ Photo Copy \_\_\_\_\_
- ☐ Certificate of Good Standing \_\_\_\_\_
- ☐ Certificate of Status \_\_\_\_\_
- ☐ Certificate of Fictitious Name \_\_\_\_\_
- ☐ Corp Record Search \_\_\_\_\_
- ☐ Officer Search \_\_\_\_\_
- ☐ Fictitious Search \_\_\_\_\_
- ☐ Fictitious Owner Search \_\_\_\_\_
- ☐ Vehicle Search \_\_\_\_\_
- ☐ Driving Record \_\_\_\_\_
- ☐ UCC 1 or 3 File \_\_\_\_\_
- ☐ UCC 11 Search \_\_\_\_\_
- ☐ UCC 11 Retrieval \_\_\_\_\_
- ☐ Courier \_\_\_\_\_

Signature \_\_\_\_\_

Requested by: BA

12/9/19

Name \_\_\_\_\_

Date \_\_\_\_\_

Time \_\_\_\_\_

Walk-In \_\_\_\_\_

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**ARTICLES OF ORGANIZATION FOR  
ARCADIA REAL ESTATE FL LLC**

SECRETARY OF STATE  
TALLAHASSEE, FL

**ARTICLE I – NAME:**

The name of the Limited Liability Company is: ARCADIA REAL ESTATE FL LLC.

**ARTICLE II – ADDRESS:**

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

Principal Office Address:

7355 SW 87 Avenue  
Suite 200  
Miami, FL 33173

Mailing Address:

7355 SW 87 Avenue  
Suite 200  
Miami, FL 33173

**ARTICLE III – REGISTERED AGENT:**

The name and Florida street address of the registered agent are:

Ruz & Ruz PL  
7355 SW 87 Ave  
Suite 200  
Miami, FL 33173

*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

**ARTICLE IV – AUTHORIZED PERSONS:**

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

Title  
MGR

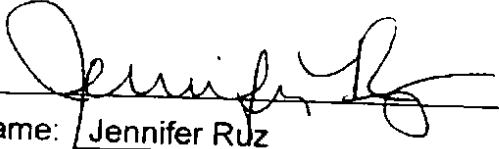
Name & Address  
Tambonike LLC  
7355 SW 87 Avenue  
Suite 200  
Miami, FL 33173

**ARTICLE V – EFFECTIVE DATE:**

The effective date of these Articles of Organization is December 3, 2019.

**REQUIRED SIGNATURE:**

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.

  
Name: Jennifer Ruz

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TALLAHASSEE, FL

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