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## Sunshine State Corporate Compliance Company

3458 Lakeshore Drive Tallahassee, Florida 32312

(850) 656-4724

DATE 12-9-2020

\*\*WALK IN\*\*

ENTITY NAME\_ARYES FRANCHISING LLC

DOCUMENT NUMBER\_

\*\*PLEASE FILE THE ATTACHED AND RETURN\*\*

Plain Copy Certified Copy Certificate of Status

\*\*PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY\*\*

Certified Copy of Arts & Amendments Certified Copy of Arts & Amendments Complete File (Including Annual Reports) Certificate of Status Certificate of Status Reflecting; \_\_\_\_\_

### \*\*APOSTILLE' / NOTARIAL CERTIFICATION \*\*

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

#### **ARTICLE I - Name:**

The name of the Limited Liability Company is:

Aryes Franchising 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:

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SECRETARY OF STATE TALL-WASSEE, FL

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2717 Eagle Canvon Drive South Kissimmee, Florida 34746

# Kissimmee, Florida 34746

Zip

2717 Eagle Canyon Drive South

#### 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:

Crystal Bethea Name

2717 Eagle Canyon Drive South Florida street address (P.O. Box NOT acceptable)

Kissimmee, Florida 34746 City State

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.

and the second second 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:

Name and Address:

"AMBR" = Authorized Member "MGR" = Manager MGR

Crystal Bethea 2717 Eagle Canyon Drive South Kissimmee, Florida 34746

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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.

**REOURED SIGNATURE: ...** ÷ میں وہ میں ا ų, 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. Crystal Bethea

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)