L20000 576380

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(Business Entity Name)
(Document Number)
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2020 DEC -9 NM 11: 11

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C RICC DEC U 9 2020 Sunshine State Corporate Compliance Company

2.

3458 Lakeshore Drive Tallahassee, Florida 32312

(850) 656-4724

DATE <u>12-9-2020</u>

WALK IN

ENTITY NAME_ARYES IP 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

COUNTRY OF DESTINATION______ NUMBER OF CERTIFICATES REQUESTED_____

TOTAL OWED \$55	ACCOUNT # 120140000108 United Corporate Services, Inc.
Please call Tina at the above number for any iss	raes or concerns. Thank you so much!

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 -Name:

The name of the Limited Liability Company

Aryes IP 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:

2717 Eagle Canyon Drive South Kissimmee, Florida 34746

2717 Eagle Canyon Drive South
Kissimmee, Florida 34746

Zip

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. Thereby 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)

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

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:... r j Ъ 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

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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)