### Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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(((H21000097537 3)))



H210000975373ABC1

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To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : PERMITTING SPECIALIST OF FOOD & BEVERAGE INC

Account Number : I20190000062 Phone : (239)850-9451 Pax Number : (866)929-0535

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:

SCH OF CORPORATIONS
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# FLORIDA LIMITED LIABILITY CO. Are Way 3, LLC

Certificate of Status	1
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Page Count	04
Estimated Charge	\$130.00

Electronic Filing Menu

Corporate Filing Menu

Help

(H210000975373)

### (H210000975373)

### **COVER LETTER**

	rw Fliing Section vision of Corporations		
SUBJECT	ARC WAY 3, LLC		
	·	Limited Liabi	lty Company
The enclose	ed Articles of Organization and fee(	s) are submitted	for filing.
Please retai	rn all correspondence concerning thi	s matter to the	following:
	THOMAS C	VENETIS	
		Name of	Person
	ARC WAY 3	LLC	
	<u> </u>	Firm/Co	ация
	11000 METR	O PKWY #	19
	<del>-</del>	Add	CES
	FORT MYERS	s, FL 3396	6
_	gulfinvest13@	City/State an gmail.com	d Zip Code
	E-mail eddress: (to be u	sed for future s	umual report notification)
or further in	formation concerning this matter, pi	ease call:	
	THOMAS C VENETIS	239	980-3505
_	Name of Person	Area Code	Daytimo Telaphone Number
Enclosed is	a check for the following amount:		
\$125.00 Fil	ing Fee X S130.00 Filing Fee & Certificate of Status	The state of the s	© Filing Fee & \$160.00 Filing Fee, and Copy Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address New Filing Section Division of Corporations P.O. Box 6327 Talishassee, FL 32314		Street Address  New Filing Section  Division of Corporations  Ciriton Building  2661 Executive Center Circle

### (H 210000975373)

ARC WAY 3, LLC	
(Must contain the words "Limited Liabi	lity Company, "L.L.C.," or "LLC.")
TICLE II - Address:	#4 ** ! ** ** ** **
e mailing address and street address of the principal office	of the Limited Liability Company is:
Principal Office Address:	of the Limited Liability Company is:  Mailing Address:
•	

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

THOMAS C VENETIS Name 11000 METRO PKWY #19 Plorida street address (P.O. Box NOT acceptable) FORT MYERS, FL 33966 City State Zip

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 far for Chapter 895, F.S.,

Registered Agent's Signature (REQUIRED)

(CONTINUED)

## (H210000975373)

<u>Tithe:</u>	Name and Address:
"AMBR" = Authorized Men	ther
"MGR" = Manager MGR	THOMAS C VENETIS
	11000 METRO PKWY #19
	FORT MYERS, FL 33966
MGR	JOANNE VENETIS
	11000 METRO PKWY #19
	FORT MYERS, FL 33966
(Use attackment if necessary	
E V: Effective date, if other tective date is listed, the date of filling.)	han the date of filing: 03/10/2021 (OPTIONAL) must be specific and cannot be more than five business days prior to or 90
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E.V: Effective date, if other tetive date is listed, the date felling.) the date inserted in this block nem's effective date on the IEVI: Other provisions, if any REOLERED SIGNATURES.  Signat This docume I am aware the	han the date of filing:    O3/10/2021   (OPTIONAL)