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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : SIEGFRIED, KIPNIS, RIVERA, LERNER, DE LA TORRE & MOCARSKI PA
Account Number : 076424000767
Phone : (305)442-3334
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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: rivera@sieghriedrivera.com

FLORIDA LIMITED LIABILITY CO.
ARNOLD and KIRKMAN LLC

Certificate of Status	0
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TALLAHASSEE, FL

2021 JUL - 9 PM 4:10
JUL 9 2021

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COVER LETTER

**TO: Registration Department
Division of Corporations**

**SUBJECT: ARNOLD and KIRKMAN LLC
Name of Limited Liability Company**

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Oscar R. Rivera, Esq.
Siegfried Rivera
8211 West Broward Boulevard, Suite 250
Plantation, Florida 33324
orivera@siegfriedrivera.com

For further information concerning this matter, please call:

Oscar R. Rivera, Esq. Telephone: 954-781-1134

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ARTICLE I – NAME:

2021 JUL -9 AM 10:10

The name of the Limited Liability Company is: ARNOLD and KIRKMAN LLC

SECRETARY OF STATE
TALLAHASSEE, FL

ARTICLE II – ADDRESS:

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

Principal Office Address:

7301 S.W. 57th Court, Suite 520
South Miami, Florida 33143

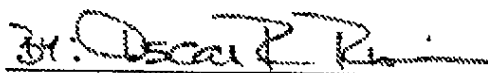
Mailing Address:

7301 S.W. 57th Court, Suite 520
South Miami, Florida 33143

ARTICLE III – REGISTERED AGENT, REGISTERED OFFICE, & REGISTERED AGENT'S SIGNATURE

The Name and the Florida Street address of the Registered Agent is SKRLD, INC., 8211 West Broward Boulevard, Suite 250, Plantation, Florida 33324.

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.



Oscar R. Rivera, Registered Agent
Florida Bar No.:329193

ARTICLE IV – MANAGER/DIRECTORS

Title:

Name and Address

MGR

Angel Veliz
7301 S.W. 57th Court, Suite 520
South Miami, Florida 33143

MGR

Rene Veliz
7301 S.W. 57th Court, Suite 520
South Miami, Florida 33143

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REQUIRED SIGNATURE:

BY: Oscar R. Rivera
Signature of a member or authorized representative of a member

[In accordance with section 605.0203(1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.)

OSCAR R. RIVERA
Type or printed name of signee

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