

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

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

From:

Account Name : FL PATEL LAW PLLC  
Account Number : I20170000097  
Phone : (727)279-5037  
Fax Number : (727)888-1294

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

Email Address: Dpriftis@outlook.com

FLORIDA LIMITED LIABILITY CO.  
Ariadne Investments, LLC

Certificate of Status	1
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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## COVER LETTER

Monday, January 24, 2022

To: New Filing Section  
Division of Corporation

Subject:  
**ARIADNE INVESTMENTS, 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:

**FL Patel Law PLLC**  
360 Central Avenue  
8<sup>th</sup> Floor  
St. Petersburg, Florida 33701  
Fax: 727-888-1294

**For further information concerning this matter, please call or e-mail:**  
Ada Reyes 727-279-5037 or e-mail at Support@flpatellaw.com

**Enclosed is our fax filing coversheet for \$130.00 for Filing Fee & Certificate of Status**

**FL Patel Law PLLC**

**ARTICLES OF ORGANIZATION**  
**FOR**  
**ARIADNE INVESTMENTS, LLC**  
**A FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I.**  
**Name**

The name of the Limited Liability Company is: Ariadne Investments, LLC (the “Company”).

**ARTICLE II.**  
**Address**

The principal office and mailing address of the Company is:

3223 Upland Pt  
Oviedo, Florida 32765

**ARTICLE III.**  
**Registered Agent, Registered Office, & Registered Agent’s Signature**

The name and the Florida Street Address of the Registered Agent are:

Androulla Evagorou  
3223 Upland Pt  
Oviedo, Florida 32765

*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.*

  
\_\_\_\_\_  
Androulla Evagorou (sign)

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**TALLAHASSEE, FLORIDA**

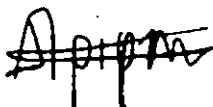
**ARTICLE IV.**  
**Authorized Members and Managers**

The Name and Address of each person authorized to manage and control the Limited Liability Company:

<u>Title</u>	<u>Name and Address</u>
<b>AMBR = Authorized Member</b> <b>MGR = Manager</b>	
<u>MGR</u>	Dimitrios Priftis 3223 Upland Pt Oviedo, Florida 32765
<u>MGR</u>	Androulla Evagorou 3223 Upland Pt Oviedo, Florida 32765

**ARTICLE V.**

The Effective date shall be the date of filing.



(sign)

**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.

Dimitrios Priftis

Authorized Representative/Member

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