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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 futur annual report mailings. Enter only one email address please.\*\*

will@caulfield.co Email Address:

#### FLORIDA LIMITED LIABILITY CO.

#### **Araemis LLC**



Certificate of Status	1
Certified Copy	0
Page Count	03
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Electronic Filing Menu

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Help



## **COVER LETTER**

Wednesday, March 30, 2022

To: New Filing Section
Division of Corporation

# Subject: ARAEMIS 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: Jamie Primeau 727-279-5037 or e-mail at Support@fipatellaw.com

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

FL Patel Law PLLC

#### ARTICLES OF ORGANIZATION

#### **FOR**

#### ARAEMIS LLC

#### A FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I.

Name

The name of the Limited Liability Company is: Araemis LLC (the "Company").

## ARTICLE II.

The principal office and mailing address of the Company is:

2121 Biscayne Blvd #1510 Miami, Fl 33137

#### ARTICLE III.

Registered Agent, Registered Office, & Registered Agent's Signature

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

FLP RA Services LLC 360 Central Avenue Suite 800 Saint Petersburg, FL 33701 SECRETARY OF STATE FALLAHASSEF FI CAIR

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.

FLP RA Services LLC

# 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>	Name and Address		
AMBR = Authorized Member MGR = Manager			
MGR	William Caulfield 2121 Biscayne Blvd #1510 Miami, FL 33137		

### ARTICLE V.

The Effective date shall be the date of fil	ing.			
De anglel				
	_(sign)	WED.	2022	
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		NETARY O	MAR 31	Ē
constitutes a third degree felony as provided for in s.817.155, F.S.		17.7.1 S 40	AK	Ĺl
William Caulfield		.03 ZSZ	بې	$\subset$
Authorized Representative/Member		70. F.	25	