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(Requestor's Name)
(Address)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
, , , , , , , , , , , , , , , , , , ,
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



200407797022

05/01/23--01041--006 **160.00

COVER LETTER

TO:

New Filing Section

Tallahassee, FL 32314

Division of Corporations	
SUBJECT: A R Managemen Name of Limited Liabil	+ Grap, LLC
The enclosed Articles of Organization and fee(s) are submitted	for filing.
Please return all correspondence concerning this matter to the f	ollowing:
Andrew Klepfer	
Name of	Person
Management Firm/Co	mpany
10310 SW Captiva	DC.
Port ST. Lucie PC. 34 City/State an Amrew 1 E-mail address: (to be used for future a	d Zip Code Klepfer 98 @ Smail. Com unual report notification)
For further information concerning this matter, please call:	
Andrew Klepper at (305 Name of Person Area Code	Daytime Telephone Number
Enclosed is a check for the following amount:	
18125.00 Filing Fee □S130.00 Filing Fee & □S15 Certificate of Status Certificate (addition	5.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed)
New Filing Section Division of Corporations	Street Address New Filing Section Division The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name: The name of the Limited Liability Company is:	
A & R Mana Sement Gr (Must contain the words Limited Liability Comp	SUP, LLC
(Must contain the words Limited Liability Comp	any, "L.L.C.," or "LL.C.")
ARTICLE II - Address: The mailing address and street address of the principal office of the Lin	nited Liability Company is:
Principal Office Address:	Mailing Address:

10510 EN CONTRA DI.	Same as previous
POST ST. LUCK, PC. 34987	

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:

Andrew	Kleppe	
	Name	
10310 SW	captiva	DC.
Florida street addres		
Port ST. Luc	ie, PC.	34887
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 dissignated in this certificate. Thereby accept the appointment as registered agent and agree to act in this capacity. I turther 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)

Title: "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager MG\R	Roberte Hibbert 10310 IN CAPT 19 DC. PONT 17. Cucie, fe 34987
AMBR	Andrew Klapper 103,0 Su charive Dr. 1007 ST. Luce, Fr. 34907
<u> </u>	
(Use attachment if necessary)	
ARTICLE V: Effective date, if other than the d (If an effective date is listed, the date must be the date of filing.)	ate of filing:
the document's effective date on the Departme ARTICLE VI: Other provisions, if any.	ent of State's records.
REQUIRED SIGNATURE:	
This document is exe I am aware that any f constitutes a third de	member or an authorized representative of a member, reuted in accordance with section 605,0203 (1) (b). Florida Statutes, alse information submitted in a document to the Department of State gree felony as provided for in s.817.155, F.S.
A	Typed or primed name of signee

The name and address of each person authorized to manage and control the Limited Liability Company;

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

ARTICLE IV-

\$ 5.00 Certificate of Status (Optional)

COVER LETTER

TO: New Filing Section Division of Corporations	
SUBJECT: A R Mana S Name of Li	Sement Grap, LLC imited Liability Company
The enclosed Articles of Organization and fee(s) a	
Please return all correspondence concerning this n	natter to the following:
Andrew Klepp	e_
	Name of Person
Management	
9	Firm/Company
10310 SW 20	aptiva Dr.
Port ST. Likie F	2C, 34987
Emilada de	City/State and Zip Code MIREW Klepper 98 @ Smail. Com d for future annual report positions in a
,	a reviewe annual report nonneation)
For further information concerning this matter, pleas	
Adrew Kleeper at (Area Code Daytime Telephone Number
Name of Person A	Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
□\$130.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed) S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address	Street Address
New Filing Section Division of Corporations	New Filing Section Division The Centre of Tallahassee
P.O. Box 6327	2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liabil	lity Company is:		
AQR	Mana Sement	Group, L	LC
(Must con	ntain the words Limited Liabili	ty 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:
10310 EN COPTIVA Dr.	Same as previous
	

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 (egistration.)

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

Andrew No	Kleppe	<u> </u>
10310 SW 2	aptiva	$D \subset$
Florida street address (P.	O. Box <u>XOT</u>	acceptable)
Port ST. Lucie	PC.	34987
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 jurther agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I um 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)

	₹" = Authorized Me	Mame and Address:
	' = Manager 16 R	Palacia Hillar
		19313 2M COP+: 14 DC.
		por 57. Lice, fc. 34987
A	MBR	Δ Ια νι
/-1-		Andrew Klapper
		PORT 9. Wie £1. 34987
		·
		
		
EV: E	achment if necessar	than the date of filing:
EV: E ective d of filing the date ment's c	ffective date, if other ate is listed, the dat) : inserted in this blo	than the date of filing: e must be specific and cannot be more than five business days prior to or 90 ck does not meet the applicable statutory filing requirements, this date will not Department of State's records.
EV: E ective d of filing the data ment's c	ffective date, if other ate is listed, the dat) : inserted in this blo offective date on the ther provisions, if an	than the date of filing:
EV: E ective d of filing the data nent's c	ffective date, if other ate is listed, the dat) : inserted in this blo affective date on the ther provisions, if an	than the date of filing:
E V: E ective d of filing the date ment's c	ffective date, if other ate is listed, the dat) : inserted in this blo offective date on the ther provisions, if an	than the date of filing: e must be specific and cannot be more than five business days prior to or 90 ck does not meet the applicable statutory filing requirements, this date will not Department of State's records.
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E V: E ective d of filing the date ment's c	ffective date, if other ate is listed, the dat) : inserted in this blo refective date on the ther provisions, if an RED SIGNATUR Signa This docum	than the date of filing: e must be specific and cannot be more than five business days prior to or 90 ck does not meet the applicable statutory filing requirements, this date will not Department of State's records. by: E: Liture of a member or an authorized representative of a member, nent is executed in accordance with section 605,0003 (1) (b). The integral of the control o
E V: E ective d of filing the date ment's c	ffective date, if other ate is listed, the dat) : inserted in this blo rective date on the ther provisions, if an RED SIGNATUR Signa This docum I am aware	than the date of filing: e must be specific and cannot be more than five business days prior to or 90 ck does not meet the applicable statutory filing requirements, this date will not Department of State's records. by: E: atture of a member or an authorized representative of a member, ment is executed in accordance with section 605.0203 (1) (b). Florida Statutes, that any false information submitted in a document to the Department of Statutes.
E V: E Petive dof filing the date ment's of	ffective date, if other ate is listed, the dat) : inserted in this blo rective date on the ther provisions, if an RED SIGNATUR Signa This docum I am aware	than the date of filing: e must be specific and cannot be more than five business days prior to or 90 ck does not meet the applicable statutory filing requirements, this date will not Department of State's records. by: E: Liture of a member or an authorized representative of a member, nent is executed in accordance with section 605,0003 (1) (b). The integral of the control o

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ARTICLE IV-

\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)