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Division of Corporations

L23000 357248

Florida Department of State

Division of Corporations

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To:

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From:

Account Name : FL PATEL LAW PLLC
Account Number : 120170000097
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.****

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FLORIDA LIMITED LIABILITY CO.**ArisenRoses, LLC**

Certificate of Status	1
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STATE OF FLORIDA
TALLAHASSEE, FLORIDA

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

**ARTICLE I.
Name**

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

**ARTICLE II.
Address**

The principal office and mailing address of the Company is:

4604 49th St N
Suite 1192
St. Petersburg, FL 33709

**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
St. Petersburg, FL 33701

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.

Vishva S Nandu (sign)
FLP RA Services LLC

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SECRETARY OF
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>
AMBR = Authorized Member MGR = Manager	
<u>MGR</u>	Elizabeth Kilkenny 4604 49th St N Suite 1192 St. Petersburg, FL 33709

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.

Elizabeth Kilkenny
Authorized Representative/Member