

L23000378349

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

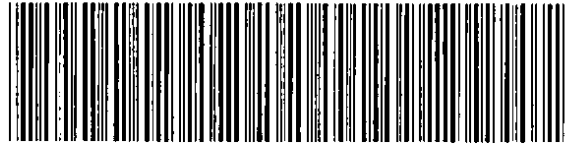
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Mount Arkenstone 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:

Jim R. Hardin	_____
	Name of Person
Mount Arkenstone LLC	_____
	Firm/Company
560 79th St S.	_____
	Address
St. Petersburg, FL 33707	_____
	City/State and Zip Code
MountArkenstone@gmail.com	_____
	E-mail address: (to be used for future annual report notification)

23 JUL 24 AM 9:09
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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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For further information concerning this matter, please call:

Jim R. Hardin	727	3774186
_____	at (_____)	_____
Name of Person	Area Code	Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|---|---|---|
| <input checked="" type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$160.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed) |
|---|---|---|---|

Mailing Address

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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 I - Name:

The name of the Limited Liability Company is:

Mount Arkenstone LLC

(Must contain the words "Limited Liability 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:

560 79th St. S.

St. Petersburg, FL 33707

560 79th St. S.

St. Petersburg, FL 33707

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:

Jim R. Hardin

Name

560 79th St. S.

Florida street address (P.O. Box **NOT** acceptable)

St. Petersburg

FL

33707

City

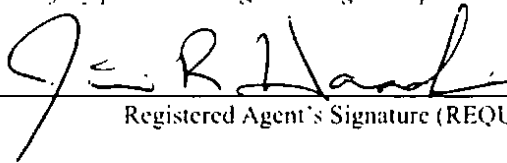
State

Zip

23 JUL 24 AM 9:00
SECRET
TALLAHASSEE

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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..



Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

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

Title:

Name and Address:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

Jim R. Hardin

560 79th St. S.

St. Petersburg, FL 33707

AMBR

Wanda E. Hardin

560 79th St. S.

St. Petersburg, FL 33707

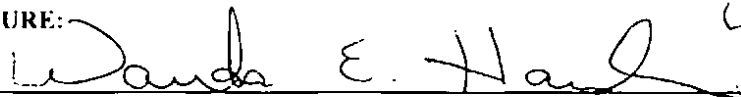
(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any:

REQUIRED SIGNATURE:



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.

Wanda E. Hardin

Typed or printed name of signee

Filing Fees:

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

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

FILED
23 JUL 21 AM 9:11
CLERK OF THE COURT
STATE OF FLORIDA

July 18, 2023

Mount Arkenstone

560 79th St. S.

St. Petersburg, FL 33707

Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

Dear Division of Corporations Representative;

Please find attached the articles of organization for Mount Arkenstone and a \$125 check for the filing fee. I am the agent for Mount Arkenstone:

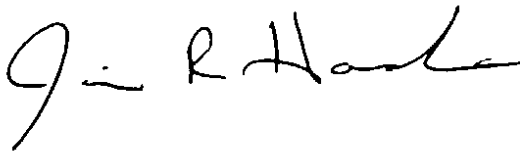
Jim R. Hardin

560 79th St. S.

St. Petersburg, FL 33707

727-377-4186

Best Regards,



Jim R. Hardin

FILED
23 JUL 24 AM 9:09
SEC OF STATE
TALLAHASSEE, FL