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| (Re                     | equestor's Name)  | <del></del> |
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| (Ac                     | idress)           |             |
| (Ac                     | ldress)           |             |
| (Ci                     | ty/State/Zip/Phon | e #)        |
| PICK-UP                 | ☐ WAIT            | MAIL        |
| (Bu                     | siness Entity Nar | ne)         |
|                         | N. Carlon N       |             |
| OU)                     | ocument Number)   |             |
| Certified Copies        | _ Certificates    | s of Status |
| Special Instructions to | Filing Officer:   |             |
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# COVER LETTER

| TO: New Filing So<br>Division of C |  |   |   |
|------------------------------------|--|---|---|
| SUBJECT: LAW OF                    | FICE OF KAREN ARNETT                         | . LLC   |   |
|                                    | Name of Lin                                  | nited Liability Company   |   |
| The enclosed Articles of           | of Organization and fee(s) are               | e submitted for filing.   |   |
| Please return all corres           | pondence concerning this ma                  | itter to the following:   |   |
| KAREN A                            | RNETT  |   |   |
|                                    |  | Name of Person  |   |
| LAW OFF                            | ICE OF KAREN ARNETT                          |   |   |
|                                    | -  | Firm Company  |   |
| 1441 DRIF                          | TWOOD POINT ROAD                             |   |   |
|                                    |  | Address   |   |
| SANTA R                            | OSA BEACH, FL 32459                          |   |   |
| karenarnett(                       | Čoutlook.com                                 | ity/State and Zip Code  |   |
|                                    | E-mail address: (to be used                  | for future annual report notifica                                   | tion)   |
| For further information c          | oncerning this matter, please                | e call:   |   |
| KAREN A                            | RNETT _at (S5                                | 502-6101  |   |
| Na                                 | me of Person A                               | rea Code Daytime Telephor   | ne Number   |
| Enclosed is a check for            | the following amount:                        |   |   |
| □\$125.00 Filing Fee               | ■\$130.00 Filing Fee & Certificate of Status | □\$155.00 Filing Fee & Certified Copy (additional copy is enclosed) | ☐\$160.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|                                    | ing Address                                  | Street Address New Filing Section F                                 | Nivicion  |

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

New Filing Section Division The Centre of Tallahassee 2415 N. Monroe Street, Suite \$10 Tallahassee, FL 32303

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| A | K. | $\mathbf{I}$ | IC | LE | I - | Na. | me: |  |
|---|----|--------------|----|----|-----|-----|-----|--|
| _ |    |              |    |    | -   |     |     |  |

The name of the Limited Liability Company is:

### LAW OFFICE OF KAREN ARNETT 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:           |
|----------------------------|----------------------------|
| 1441 DRIFTWOOD POINT ROAD  | 1441 DRIFTWOOD POINT ROAD  |
| SANTA ROSA BEACH, FL 32459 | SANTA ROSA BEACH, FL 32459 |
|                            |                            |

## 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:

| KAREN ARNETT                |                            |            |
|-----------------------------|----------------------------|------------|
| Na.                         | me                         |            |
| 1441 DRIFTWOOD POR          | NT ROAD                    |            |
| Florida street address (P.O | O. Box <u><b>XOT</b></u> a | cceptable) |
| SANTA ROSA BEACH            | FL                         | 32459      |
| 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 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:

| S 30.00 Certified Copy (Optional) S 5.00 Certificate of Status (Optional)   | AMBK = Authorized Me.  |  |                         |
|---|--|--|-------------------------|
| Se attachment if necessary  V: Effective date, if other than the date of filing:  |  | mber   |                         |
| 1411 DRIFTWOOD POINT ROAD   | -  | ! . DEN' . D. 'P''''   |                         |
| SANTA ROSA BEACH. FL 32489  Seattachment if necessary)  V: Effective date, if other than the date of filing:  | MGK  |  |                         |
| Signature of a member or an authorized representative of a member.  This decument 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.  Karen Arnett  Typed or printed name of signee  Filing Fees;  \$ 3.0.00 Certificate of Status (Optional)  |  | SANTA ROSA BEACH, FL 32459   |                         |
| Signature of a member or an authorized representative of a member.  This decument 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.  Karen Arnett  Typed or printed name of signee  Filing Fees;  \$ 3.0.00 Certificate of Status (Optional)  |  |  |                         |
| Signature of a member or an authorized representative of a member.  This decument 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.  Karen Arnett  Typed or printed name of signee  Filing Fees;  \$ 3.0.00 Certificate of Status (Optional)  |  |  |                         |
| V: Effective date, if other than the date of filing:  |  |  |                         |
| V: Effective date, if other than the date of filing:  |  |  |                         |
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| V: Effective date, if other than the date of filing:  |  |  |                         |
| V: Effective date, if other than the date of filing:  |  |  |                         |
| V: Effective date, if other than the date of filing:  |  |  |                         |
| V: Effective date, if other than the date of filing:  (OPTIONAL)  (OPTIONAL)  (Initial)  (Initial) |  |  |                         |
| V: Effective date, if other than the date of filing:  |  |  |                         |
| V: Effective date, if other than the date of filing:  | 7  |  |                         |
| tive date is listed, the date must be specific and cannot be more than five business days prior to or 90 filing.)  the date inserted in this block does not meet the applicable statutory filing requirements, this date will not ent's effective date on the Department of State's records.  VI: Other provisions, if any, the of this Limited Liability Company is the practice of law.  EQUIRED 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.  Karen Arnett  Typed or printed name of signee  Filing Fees:  \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$50.00 Certificate of Status (Optional)   | Use attachment if necessar   | yı — — — — — — — — — — — — — — — — — — —   |                         |
| 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.  Karen Arnett  Typed or printed name of signee  Filing Fees:  \$ 30.00 Filing Fee for Articles of Organization and Designation of Registered Agent  \$ 30.00 Certified Copy (Optional)  \$ 5.00 Certificate of Status (Optional)   | nent's effective date on the   | Department of State's records.   | ite will not            |
| Filing Fees:  5125.00 Filing Fee for Articles of Organization and Designation of Registered Agent  5 30.00 Certified Copy (Optional)  5 5.00 Certificate of Status (Optional)   | nent's effective date on the VI: Other provisions, if an   | Department of State's records.   |                         |
| S125.00 Filing Fee for Articles of Organization and Designation of Registered Agent S 30.00 Certified Copy (Optional) S 5.00 Certificate of Status (Optional)   | REOURED SIGNATURES Signa This document am aware constitutes a  | Department of State's records.  Sy.  Company is the practice of law.  E:  Atture of a member or an authorized representative of a member, nent is executed in accordance with section 605.0203 (1) (b). Florida that any false information submitted in a document to the Department a third degree felony as provided for in s.817.155. F.S.  | Stanites.               |
| S125.00 Filing Fee for Articles of Organization and Designation of Registered Agent S 30.00 Certified Copy (Optional) S 5.00 Certificate of Status (Optional)   | REOURED SIGNATURES This document and aware constitutes at  | Department of State's records.  Sy.  Company is the practice of law.  E:  Atture of a member or an authorized representative of a member, nent is executed in accordance with section 605.0203 (1) (b). Florida that any false information submitted in a document to the Department a third degree felony as provided for in s.817.155. F.S.  | Stanites.               |
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