

L24000209919

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

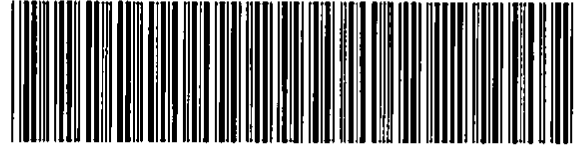
(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

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Office Use Only



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2024 MAY -9 AM 12:51

SECRETARY OF STATE  
TALLAHASSEE, FL

RECEIVED

2024 MAY -9 AM 10:30

DIRECTOR'S OFFICE  
TALLAHASSEE, FLORIDA 32399-0000

Incorporating Services, Ltd.

1540 Glenway Drive  
Tallahassee, FL 32301  
850.656.7956  
Fax: 850.656.7953  
www.incserv.com  
e-mail: accounting@incserv.com

incserv

**ORDER FORM**

**TO** Florida Department of State  
The Centre of Tallahassee  
2415 North Monroe Street, Suite 810  
Tallahassee, FL 32303  
corphelp@dos.myflorida.com  
850-245-6051

**FROM** Melissa Moreau  
mmoreau@incserv.com  
850.656.7953

**REQUEST DATE** 5/9/2024

**PRIORITY** Regular Approval

**OUR REF # (Order ID#)** 1252771

**ORDER ENTITY**  
ARE PARTNERSHIP LLC

**PLEASE PERFORM THE FOLLOWING SERVICES:**

ARE PARTNERSHIP LLC ( FL )

Please file the attached articles and provide a certified copy.

**NOTES:**

\$155.00 Authorized

**RETURN/FORWARDING INSTRUCTIONS:**

ACCOUNT NUMBER: I20050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,



Please bill us for your services and be sure to include our reference number on the invoice and cover package if applicable. For UCC orders, please include the thru date on the results

## COVER LETTER

**TO:** New Filing Section  
Division of Corporations

**SUBJECT:** ARI Partnership 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:

Nicholas P. Hopeck

Name of Person

Delaney Corporate Services, Ltd.

Firm/Company

99 Washington Ave., Ste. 805A

Address

Albany, NY 12210

City/State and Zip Code

brooke@answeringlegal.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Nicholas P. Hopeck

800

717-2810

at ( )

Name of Person

Area Code

Daytime Telephone Number

I 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,  
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:

ARE Partnership LLC

(Must contain the words "Limited Liability Company," "LLC," or "L.L.C.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

Mailing Address:

19115 SE Coral Reef Lane  
Jupiter, Florida 33458

19115 SE Coral Reef Lane  
Jupiter, Florida 33458

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:

NRAI Services, Inc.

Name

1200 South Pine Island Road

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

Plantation

FL

33324

City

State

Zip

SECRETARY OF STATE  
TALLAHASSEE, FL

2024 MAY -9 4M12:51

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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.*

s. Nicholas P. Hopeck

Registered Agent's Signature (REQUIRED)

By Nicholas P. Hopeck, Assistant Secretary

(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

AMBR

Ring Savvy Inc.

120 Lake Ave S

Nesconset, NY 11767

MGR

Brooke Shatles

19115 SE Coral Reef Lane

Jupiter, Florida 33458

MGR

Robert Shatles

19115 SE Coral Reef Lane

Jupiter, Florida 33458

(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.

The limited liability company shall be managed by one or more managers.

**REQUIRED SIGNATURE:**

s. Brooke Shatles

**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.

Brooke Shatles

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)

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2024 MAY -9 4PM:51  
SECRETARY OF STATE  
TALLAHASSEE, FL