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COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: **Arrowhead 2121 Areca 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:

Joel Chiarenza
Name of Person

Firm/Company

200 NE 7th Street
Address

Boca Raton, FL 33432
City/State and Zip Code

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

For further information concerning this matter, please call:

Name of Person at (area code) Daytime Telephone 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, 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
ARROWHEAD 2121 ARECA LLC
(A FLORIDA LIMITED LIABILITY COMPANY)

ARTICLE I — NAME

The name of the Limited Liability Company is **Arrowhead 2121 Areca LLC**.

ARTICLE II — ADDRESS

The mailing address and street address of the principal office of the Company is **200 NE 7th Street, Boca Raton, FL, 33432**.

ARTICLE III — MANAGEMENT

The Limited Liability Company is a **manager-managed** Limited Liability Company. The Limited Liability Company is to be managed by the manager(s) who is/are designated, appointed, or elected to act in such capacity in accordance with the Operating Agreement of the Company.

ARTICLE IV - MANAGERS

The name and address of the person(s) authorized to manage the LLC:

Title:	**Manager (MGR)**
Name:	**Joel Chiarenza**
Address	**200 NE 7th Street, Boca Raton, FL, 33432**

ARTICLE V

The effective date for this Limited Liability Company shall be the date these Articles of Organization are filed with the Florida Department of State.

Joel A. Chiarenza, authorized representative

I am the authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. 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. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following the formation of the LLC and every year thereafter to maintain "active" status.

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

Under the provisions of the Act, the Company submits the following statement to designate a registered office and registered agent in the state of Florida.

The name of the limited liability company is **Arrowhead 2121 Areca LLC**.The name and the Florida street address of the registered agent is:

Law Offices of Newman & Loft PA
1700 Juana Road
Suite C
Boca Raton, Florida 33487

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.

Seth M. Loft