P25000004747

(1	Requestor's Name)	
(,	Address)	
(/	Address)	
(1	City/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
	Business Entity Name)	
(1	Document Number)	-
Certified Copies	Certificates of	Status
Special Instructions	to Filing Officer:	

Office Use Only



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2025 JAN 27 AM 9: 47

FILED

2025 JAN 27 PH 2: 06

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Incorporating Services, Ltd.

incserv

1540 Glenway Drive Tallahassee, FL 32301

850.656.7956 Fax: 850.656.7953 www.incserv.com

e-mail: accounting@incserv.com

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: 1/27/2025

PRIORITY Regular Approval

OUR REF # (Order ID#)

ORDER ENTITY

ARROYO PROCESS II HOLDINGS INC.

-																-
7	EA	SE PEI	RFOR	M THE	FOL	LO	WI	<u>NG</u>	SERV	/ICES	5:	- - .	~	~	 	
	AR	ROYO	PROC	ESS II	HOL	.DI	NG:	S IN	IC. (FL)						

Please file the attached articles and provide a certificate of status.

NOTES: \$78.75 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 counier package if applicable. For UCC orders, please include the thru date on the results.

Monday, January 27, 2025 Page 1 of 1

COVER LETTER

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

SUBJECT: Arro	Oyo Process II Ho	Idings Inc.	UDE SUFFIX)	2025 JAN 27
Enclosed are an orig	inal and one (1) copy of the arti	cles of incorporation and	da check for:	M 27
□ \$70.00 Filing Fee	■ \$78.75 Filing Fee & Certificate of Status	☐ \$78.75 Filing Fcc & Certified Copy	Filing Fee, [7] \(\text{Continuous} \) Certified Conivo & Certificate off Status	PH 9: 1-7
		ADDITIONAL CO	DPY REQUIRED	
FROM: C	olga M. Pina - Shu	utts & Bowen	LLP	
4:	301 West Boy Sc		э. 300	
T	ampa, FL 33607			
	City,	State & Zip		
-	Daytime T	elephone number	<u> </u>	

NOTE: Please provide the original and one copy of the articles.

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

OPina@shutts.com

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

CLE II PRI	NCIPAL OFFICE Principal <u>street</u> address	Mailing address, if different is:			
entenniai Bivo					
tow, FL 3	3830				
CLE III PUR	<u>POSE</u> hthe corporation is organized is: Any lav	vful activity.			
		•			
			N. S		
			900 900 1900		
			CO.		
	· · · · · · · · · · · · · · · · · · ·		·		
CI.E V INIT	RES of stock is: 10,000	<u></u>			
ICI.E V INIT	TAL OFFICERS AND/OR DIRECTORS itle: Diane Schleicher, Director	Name and Title:			
ICI.E V INIT	TAL OFFICERS AND/OR DIRECTORS itle: Diane Schleicher, Director 1550 Centennial Blvd.				
Name and Ti	TAL OFFICERS AND/OR DIRECTORS itle: Diane Schleicher, Director				
Name and Ti	TAL OFFICERS AND/OR DIRECTORS itle: Diane Schleicher, Director 1550 Centennial Blvd.				
Name and Ti Address	TAL OFFICERS AND/OR DIRECTORS itle: Diane Schleicher, Director 1550 Centennial Blvd. Bartow, FL 33830	Address:			
Name and Ti Address	TAL OFFICERS AND/OR DIRECTORS itle: Diane Schleicher, Director 1550 Centennial Blvd. Bartow, FL 33830	Address: Name and Title:			
Name and Ti Address Name and Tit	TAL OFFICERS AND/OR DIRECTORS Itle: Diane Schleicher, Director 1550 Centennial Blvd. Bartow, FL 33830	Address: Name and Title:			
Name and Ti Address Name and Tit Address	TAL OFFICERS AND/OR DIRECTORS Itle: Diane Schleicher, Director 1550 Centennial Blvd. Bartow, FL 33830	Address: Name and Title: Address:			

Name and '	Fitle:	Name and Title:			_
Address		Address:		.	
ARTICLE VI RI	EGISTERED AGENT ida street address (P.O. Box NOT acceptable) of	the registered agent is:			
Name:	Incorporating Services, Ltd.	the registered again is.			
Address:	1540 Glenway Drive				
	Tallahassee, FL 32301	_		207	
ARTICLE VII 1	NCORPORATOR		ALLATASSEE, FL	2025 JAN 2	· 🗍
The name and add	ress of the Incorporator is:		AS.	17	
Name:	Olga M. Pina		S O	AM	
Address:	4301 West Boy Scout Blvd., Ste. 300	_	STA E. Fil	1 9: 1,7	
	Tampa, FL 33607	-	. H	<u>, 7</u>	
Effective date, if of	EFFECTIVE DATE: ther than the date of filing: te is listed, the date must be specific and canno	. (OPTIONAL) It be more than five days prior	r or 90 days at	iter the	
	nserted in this block does not meet the applicable ective date on the Department of State's records.	statutory filing requirements, th	nis date will no	t be liste	d as
certificate, I am far	d as registered agent to accept service of process fo niliar with and accept the appointment as register			ignated i	n this
Required Signature/Registered Agent			1/27/202	:5	
	Required Signature/Registered Agent		Dat	C	
I submit this docu-	ment and affirm that the facts stated herein are epartment of State constitutes a third degree felon			ubmitted	in a
	Oly Pria		1/27/202	25	
Required Signature	e/Incorporator	Date			_