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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

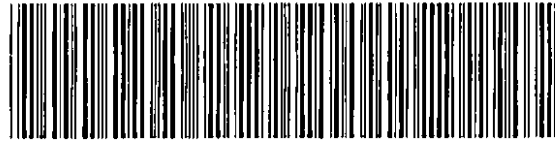
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FL

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CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

ARCADIA REAL ESTATE FL LLC

- Art of Inc. File _____
- LTD Partnership File _____
- Foreign Corp. File _____
- L.C. File _____
- Fictitious Name File _____
- Trade/Service Mark _____
- Merger File _____
- Art. of Amend. File _____
- RA Resignation _____
- Dissolution / Withdrawal _____
- Annual Report / Reinstatement _____
- Cert. Copy _____
- Photo Copy _____
- Certificate of Good Standing _____
- Certificate of Status _____
- Certificate of Fictitious Name _____
- Corp Record Search _____
- Officer Search _____
- Fictitious Search _____
- Fictitious Owner Search _____
- Vehicle Search _____
- Driving Record _____
- UCC 1 or 3 File _____
- UCC 11 Search _____
- UCC 11 Retrieval _____
- Courier _____

Signature _____

Requested by: BA

12/9/19

Name _____

Date _____

Time _____

Walk-In _____

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**ARTICLES OF ORGANIZATION FOR
ARCADIA REAL ESTATE FL LLC**

SECRETARY OF STATE
TALLAHASSEE, FL

ARTICLE I – NAME:

The name of the Limited Liability Company is: ARCADIA REAL ESTATE FL LLC.

ARTICLE II – ADDRESS:

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

Principal Office Address:

7355 SW 87 Avenue
Suite 200
Miami, FL 33173

Mailing Address:


7355 SW 87 Avenue
Suite 200
Miami, FL 33173

ARTICLE III – REGISTERED AGENT:

The name and Florida street address of the registered agent are:

RUZ & RUZ PL
7355 SW 87 Ave
Suite 200
Miami, FL 33173

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

ARTICLE IV – AUTHORIZED PERSONS:

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

Title
MGR

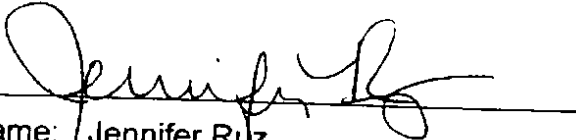
Name & Address
Tambonike LLC
7355 SW 87 Avenue
Suite 200
Miami, FL 33173

ARTICLE V – EFFECTIVE DATE:

The effective date of these Articles of Organization is December 3, 2019.

REQUIRED SIGNATURE:

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.


Name: Jennifer Ruz

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