

**L020000027/41**

TRANSMITTAL LETTER

FILED

02 OCT 14 AM 9:44

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

October 10, 2001

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

700008353587--5  
-10/14/02--01025--003  
\*\*\*\*155.00 \*\*\*\*155.00

SUBJECT: ARMAN CONSULTING, LLC

Enclosed please find an original and one (1) copy of the Articles of Organization for the above LLC.

Also enclosed is a check for One Hundred and Fifty Five dollars (\$155.00) to cover filing fee, designation of registered Agent and certified copy.

FROM:

RICHARD CAMP, CPA, PA

Name

4110 Southpoint Boulevard, Suite 205

Address

Jacksonville, Florida 32216

City, State, Zip

(904) 281-9924

Telephone number

AL

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I – Name**

The name of the Limited Liability Company is:

**ARMANY CONSULTING, LLC**

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**ARTICLE II – Address of Principal Office:**

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

10023 Belle Rive Boulevard, #608, Jacksonville, FL 32256

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**ARTICLE III – Mailing Address of Limited Liability Company:**

The mailing address of the Limited Liability Company is:

10023 Belle Rive Boulevard, #608, Jacksonville, FL 32256

**ARTICLE IV – Registered Agent, Registered Office & Registered Agent's Signature**

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

RICHARD N. CAMP, CPA

Name

4110 SOUTHPOINT BLVD., #206

Florida street address (P. O. Box not acceptable)

JACKSONVILLE, FL 32216

City, State, and 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 completed performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F. S.*

RICHARD N. CAMP, CPA

By: Richard N. Camp

Richard N. Camp, Authorized Signatory

Date: 10/9/02

**ARTICLE V – Management (Check box if applicable)**

☐ The Limited Liability Company is to be managed by one manager or more managers and is therefore, a manager – managed company.

[Signature]  
Signature of a member or an authorized representative of a member

, authorized representative

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

RAGKUMAR KARTHIKEYAN

Typed or printed name of signee

**FILING FEES**

\$100.00 Filing Fee for Articles of Organization  
\$25.00 Designation of Registered Agent  
\$30.00 Certified Copy (OPTIONAL)  
\$5.00 Certificate of Status (OPTIONAL)