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TRANSMITTAL LETTER

TO: Registration Section Division of Corporations	
SUBJECT: EARL M. ARMES LLC	
The enclosed Articles of Organization and fee(s) are submitted for filing: Please return all correspondence concerning this matter to the following:)
- EARL M. ARMES	
(Name of Person)	
EARL M. ARMES LLC	
(Firm/Company)	JIVIŠTČ
5545 Mayfair Dr	
TRACTOR	
Pensacola, FL 32506	RATIO
(City/State and Zip Code)) X
For Further information concerning this matter, please call:	
EARL M. ARMES at (850) 456-7384 (Name of Person) (Area Code & Daytime Phone	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I-NAME:

ARTICLE II-ADDRESS:

The name of the Limited Liability Company is:
EARL M. ARMES LLC

Principal Office Address:		
5545 Mayfair Drive, Pensacola, FL 32506		
Mailing Address:		
5 <u>545 Mayfair Drive, Pensacola, FL 32506</u>		
ARTICLE III- Registered Agent, Registered Office, & Registered Agent Signature: EARL M. ARMES	w 03 DEC	JISIAIC JJ3S
(Name)	EC 26	M OF CO
5545 Mayfair Drive	70	₹20
(Florida street address-P.O. Box NOT acceptable)	PM 1: 39	OF STATE DRPORATIONS
Pensacola, FL 32506	ယ္တ	2E
(City, State, and Zip)	_	î.n

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 obligation of my position as registered agent as provided for in Chapter 608, Florida Statutes.

(Registered Agent's Signature)

ARTICLE IV-Manager(s) or Managing Member(s):

Title:		Name and Address:		
MGR	_	EARL M. ARMES		_
		5545 Mayfair DRive		
		Pensacola, FL 32506		-
	-	<u> </u>	· · · · · ·	-
	-			_
				_
the execution of under the penal are true.) (Signature) EARL M. ARMES (Typed or print)	of this document ties of perjury	08.408(3), Florida Statute t constitutes an affirmati y that the facts stated he ner)	ion erein	SEC DIVISI
(Signature)			DEC 26	ON OF C
(Typed or print	ed name of sign	ner)	PM :	OF STAT
(Signature)			39	SHOIL
(Typed or print	ed name of sign	ner)		