

L04000052152

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

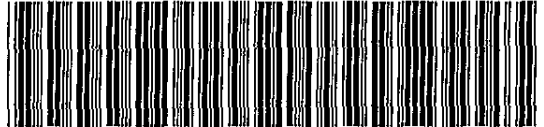
(Business Entity Name)

(Document Number)

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04 JUL 14 PM 5:14

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*BF*

RECEIVED

04 JUL 14 PM 2:49

DEPT. OF REVENUE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 0721000000032

REFERENCE : 804109 10864A

AUTHORIZATION :

*Patricia Pigato*

COST LIMIT : \$ 125.00

FILED  
04 JUL 14 PM 5:14  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

ORDER DATE : July 14, 2004

ORDER TIME : 2:16 PM

ORDER NO. : 804109-005

CUSTOMER NO: 10864A

CUSTOMER: Ms. Kelly Chapman  
The Armstrong Group Of  
Companies  
One Armstrong Place

Butler, PA 16001

DOMESTIC FILING

NAME: ARMSTRONG BAY CROSSROADS  
DEVELOPMENT, LLC

EFFECTIVE DATE:

ARTICLES OF INCORPORATION  
CERTIFICATE OF LIMITED PARTNERSHIP  
XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY  
PLAIN STAMPED COPY  
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight - EXT. 2956

EXAMINER'S INITIALS: \_\_\_\_\_

JUL 14 2004 1:20PM  
JUL-14-04 06:09

CORPORATION SERVICE COMPANY  
FROM-Armstrong Group

724-283-9655

NO. 4760 P. 3  
T-938 P.003/004 F-916

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

FILED  
04 JUL 14 PM 5:14  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

ARMSTRONG RAY CROSSROADS DEVELOPMENT, LLC

**ARTICLE II - Address:**

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

**Principal Office Address:**

13801 NORTH DALE MABRY HIGHWAY

SUITE 200

TAMPA FL 33618

**Mailing Address:**

13801 NORTH DALE MABRY HIGHWAY

SUITE 200

TAMPA FL 33618

**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

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

ALLEN GOINS

Name

AG ARMSTRONG DEVELOPMENT, LLC

13801 NORTH DALE MABRY HIGHWAY, SUITE 200

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

TAMPA

FLORIDA 33618

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 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 688, Florida Statutes..*

  
Registered Agent's Signature

JUL 14 2004 1:21PM  
JUL-14-04 06:59

CORPORATION SERVICE COMPANY  
FROM=Armstrong Group

724-283-9655

NO. 4760 P. 4  
T-338 P.004/004 F-918

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

The name and address of each Manager or Managing Member is as follows:

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

ALLEN GOINS - MGR

13801 NORTH DALE MABRY HIGHWAY

SUITE 200

TAMPA FL 33618

KIRBY J. CAMPBELL - MGR

ONE ARMSTRONG PLACE

BUTLER PA 16001

DRU A. SEDWICK - MGR

ONE ARMSTRONG PLACE

BUTLER PA 16001

DAVID R. JAMIESON - MGR

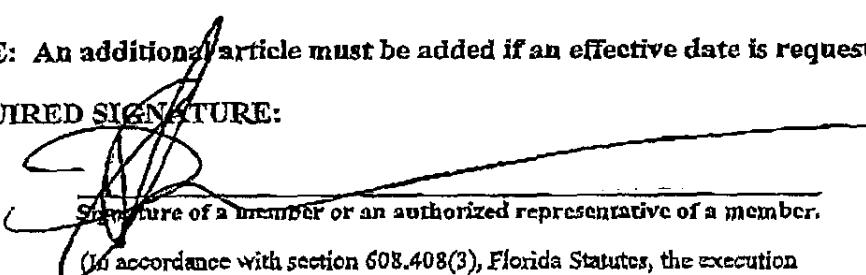
ONE ARMSTRONG PLACE

BUTLER PA 16001

(Use attachment if necessary)

**NOTE: An additional article must be added if an effective date is requested.**

**REQUIRED SIGNATURE:**

  
\_\_\_\_\_  
Signature of a member or an authorized representative of a member.

(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.)

DAVID REAMS JAMIESON

\_\_\_\_\_  
Typed or printed name of signer

**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)