

W4000061894

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

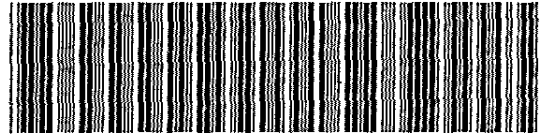
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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W4-61894
OK

TRANSMITTAL LETTER

Registration Section
Division of Corporations

SUBJECT: Armstrong Consulting & Investments, LLC

The enclosed Articles of Organization and fees are submitted for filing. I have enclosed a check in the amount of \$130.00 for the filing fee, Designation of Registered Agent and for a Certificate of Status.

Please return all correspondence concerning this matter to the following:

Tony J. Armstrong
6149 Jack Wilkinson Road
Maxville, FL 32234

For further information concerning this matter, please call:

Tony J. Armstrong
(904) 289-8779

STREET ADDRESS:

Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399
(850) 245-6051

MAILING ADDRESS:

Registration Section
Division of Corporations
P. O. Box 6327
Tallahassee, Florida 32314
(850) 245-6051

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TALLAHASSEE, FLORIDA

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

ARTICLE I NAME

The name of the Limited Liability Company is Armstrong Consulting & Investments, LLC.

ARTICLE II ADDRESS

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

Principal Office Address:
6149 Jack Wilkinson Road
Maxville, FL 32234

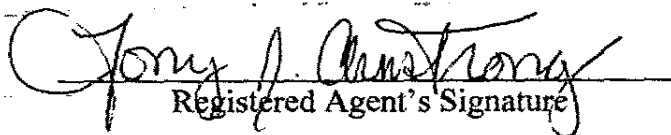
Mailing Address:
6149 Jack Wilkinson Road
Maxville, FL 32234

ARTICLE III REGISTERED AGENT

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

Tony J. Armstrong
6149 Jack Wilkinson Road
Maxville, FL 32234

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 608, Florida Statutes.


Registered Agent's Signature

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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ARTICLE IV MANAGER(S) OR MANAGING MEMBER(S)

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

Title:

Name and Address:

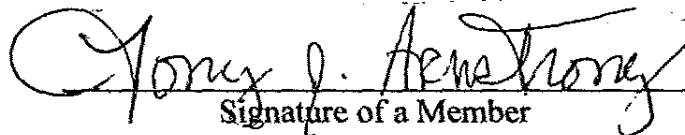
Managing Member

Tony J. Armstrong
6149 Jack Wilkinson Road
Maxville, FL 32234

Managing Member

Donna S. Armstrong
6149 Jack Wilkinson Road
Maxville, FL 32234

REQUIRED SIGNATURE:


Signature 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.)


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)

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TALLAHASSEE, FLORIDA

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