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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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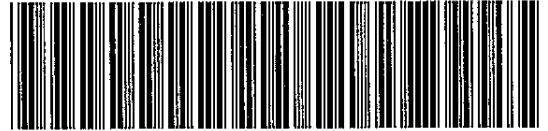
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

*[Handwritten signature]*



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 864467 10864A

AUTHORIZATION :

*Patricia Piggett*

COST LIMIT : \$ 125.00

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TALLAHASSEE, FLORIDA

ORDER DATE : August 26, 2004

ORDER TIME : 2:55 PM

ORDER NO. : 864467-005

CUSTOMER NO: 10864A

CUSTOMER: Ms. Kelly Chapman  
The Armstrong Group Of  
Companies  
One Armstrong Place  
Butler, PA 16001

DOMESTIC FILING

NAME: ARMSTRONG VILLAGE AT INDIAN  
ROCKS BEACH DEVELOPMENT, LLC

EFFECTIVE DATE:

ARTICLES OF INCORPORATION  
CERTIFICATE OF LIMITED PARTNERSHIP  
XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY  
XX PLAIN STAMPED COPY  
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight - EXT. 2956

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

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

**FILED**  
04 AUG 26 AM 8:19  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Armstrong Village at Indian Rocks Beach 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 HwySuite 200Tampa, FL 33618**Mailing Address:**13801 North Dale Mabry Hwy.Suite 200Tampa, 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 GoinsAG Armstrong Development, LLCName13801 North Dale Mabry HighwaySuite 200Florida street address (P.O. Box NOT acceptable)TampaFLORIDA 33618City, 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 608, Florida Statutes..*

  
\_\_\_\_\_  
Registered Agent's Signature

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

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

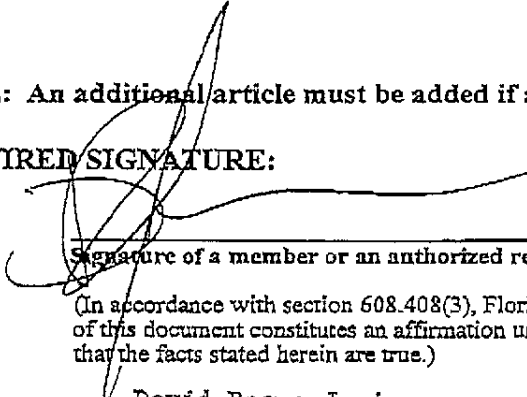
**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**Allen Goins - MGR13801 North Dale Mabry Hwy.Suite 200Tampa, FL 33618Kirby J. Campbell - MGROne Armstrong PlaceButler, PA 16001Dru A. Sedwick - MGROne Armstrong PlaceButler, PA 16001David Reams Jamieson - MGROne Armstrong PlaceButler, 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 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)