

L06000008640

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

John Griffith
AUTHORIZATION BY PH:
CORRECT PA to LLC
DATE 1/25/06
BY EXAM [Signature]

Office Use Only



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01/20/06--01030--022 **125.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 JAN 20 AM 11:43

FILED
need
check

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Armstrong Reunion, LLC
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

David Reams Jamieson

(Name of Person)

Armstrong Reunion, LLC

(Firm/Company)

One Armstrong Place

(Address)

Butler, PA 16001

(City/State and Zip Code)

For further information concerning this matter, please call:

David R. Jamieson

(Name of Person)

at (724) 283-0925

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☒ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street/Courier Address

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Armstrong Reunion, LLC

(Must end with the words "Limited Liability Company," "Limited Company" or their abbreviation "LLC," or "L.C.,")

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:

One Armstrong Place

Butler, PA 16001

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

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

AG Armstrong Development, LLC

Name

13801 North Dale Mabry Highway

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

Tampa

FL 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 608, F.S.


Registered Agent's Signature (REQUIRED)

(CONTINUED)

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SECRETARY OF STATE
DIVISION OF CORPORATION

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:

MGRM

Kirby J. Campbell

One Armstrong Place

Butler, PA 16001

MGRM

Dru A. Sedwick

One Armstrong Place

Butler, PA 16001

MGRM

David Reams Jamieson

One Armstrong Place

Butler, PA 16001

MGRM

Allen Goins

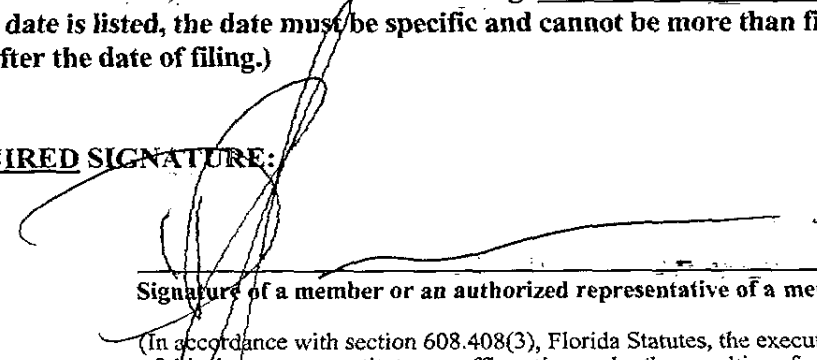
13801 North Dale Mabry Highway

Tampa, FL 33618

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

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:

\$125.00 Filing Fee for Articles of Organization and Designation
of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)