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(Requestor's Name)
(Address)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
·
A. LUNT
APR 25 2008
EXAMINER



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SECRETARY OF STATE
ALLAHASSEE, FI DRIDA

FILED

CAMPBELL WOODS, PLLC

ATTORNEYS AND COUNSELORS AT LAW

517 NINTH STREET SUITE 1000 POST OFFICE BOX 1835

HUNTINGTON, WEST VIRGINIA 25719-1835

TELEPHONE (304) 529-2391
FACSIMILE (304) 529-1832
E-Mai, Info@campbellwoods.com
www.campbellwoods.com

ASHLAND OFFICE 1608 CARTER AVENUE POST OFFICE BOX 1862 ASHLAND, KY 41105-1862 (605) 329-1974 FACSIMILE (808) 324-2025

Writer's Email Address: jgraley@campbellwoods.com

April 18, 2008

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

CHARLESTON OFFICE

300 SUMMERS ST., SUITE 810

Post Office Box 2393 Charleston, WV 25328-2393

(304) 346-2391

FACSIMILE (304) 346-2433

Re: Limited Liability Company Articles of Organization of Armos, E

To whom it may concern:

Please find enclosed the original and one copy of the articles of organization of the above LLC. I am also enclosing a check in the amount of \$130.00, payable order of the order of the Florida Department of State, to cover the applicable filing fee and certificate of the Please file the articles and mail the certificate regarding the organization and any correspondence relating thereto to the undersigned at Campbell Woods, PLLC, P.O. Box 1835, Huntington, West Virginia 25719. If you have any questions about this matter, please do not hesitate to call.

Very truly yours,

James G. Graley

Enclosures

cc:

Mr. Albert R. Matney 8804 South Bay Drive Orlando, Florida 32819

COVER LETTER

TO: Registration S Division of Co					
SUBJECT: Armo	o, LLC				
	(Name of Limite	ed Liability Compa	iny)		
The enclosed Articles of	Organization and fee(s) are	submitted for filing	ζ .		
Please return all corresp	ondence concerning this matt	ter to the following	:		
James G					
		(Name of Person)			
Campbe	ll Woods, PLLC	<u>.</u>			_
		(Firm/Company)			
P. O. Bo	x 1835			As ~	
-		(Address)	- 17	ECR	
Huntingt	on, WV 25719			APR 2 RETAI AHAS	
	(Cit	y/State and Zip Code	e)	ξΕ, Ο Α,	m
For further information	concerning this matter, please	e call:		F STATE	D
James G. Gr	aley	_at (304	529-239		
(Name	of Person)	(Area Cod	e & Daytime Telep	phone Number)	
Enclosed is a check for	or the following amount:				
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filin Certified Co (additional copy	рy	\$160.00 Filing Certificate of S Certified Copy (additional copy	Status &
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Registrati Division Clifton E 2661 Exc	ourier Address ion Section of Corporations suilding ecutive Center C. see. FL 32301	ircle	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company is:	
Armco, LLC	
(Must end with the words "Limited Liabilit	y Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the print	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
8804 South Bay Drive Orlando, Florida 32819	8804 South Bay Drive Orlando, Florida 32819
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.) The name and the Florida street address of the register R. Matney Name. 8804 South Bay D Florida street addres Orlando, Florida 32 City, State, and	gistered agent are: ACCURATION OF STATE S

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)
Page 1 of 2

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

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

'MGR" = Manager 'MGRM" = Managing Member	
MOKWI - Managing Member	
I GR	Albert R. Matney
	8804 South Bay Drive
	Orlando, Florida 32819
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	HE PA
·	SPR 2
	EE. O
Use attachment if necessary)	U TE
EV: Effective date, if other than the	ne date of filing: Description of the specific and cannot be more than fixe business.

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.)

Albert R. Matney

Typed or printed name of signec

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)