**************************************	(Request	tor's Name)	
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Certified Copies	<i></i>	Certificates	of Status
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EXAMINE



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THOM YES

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## COVER LETTER

	egistration Section livision of Corporations		
SUBJEC1	: ARMOUR	TUFF	~DLETILIES
		(Name of Lir	nited Liability Company)
The enclos	ed Articles of Organizati	on and fee(s) a	re submitted for filing.
Please retu	rn all correspondence cor	ncerning this m	natter to the following:
	JOHN W	ILCIAM S	(Name of Person)
<u></u>	ARMOUR	TYFF	(Firm/Company)
			(Firm/Company)
	14221	90001252	(Address)
	•		•
	CLERMON	T , ,	FL 34カバ
		' (0	City/State and Zip Code)
For further	information concerning to	his matter, plea	ase call:
JOHN	SCARBOROUSH		at ( 437 ) 371 - 2847
	(Name of Person)	· · · · · · · · · · · · · · · · · · ·	at (437) 371 2847 (Area Code & Daytime Telephone Number)
Enclosed is	a check for the follow	ing amount:	
□\$125.00 F	iling Fee \$\int_\$130.00 Certifica	Filing Fee & te of Status	S155.00 Filing Fee & S160.00 Filing Fee, Certified Copy (additional copy is enclosed)  S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	P.O. Box 6	n Section f Corporations	Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liab	ility Company	is:			
ARMOUR TUFF . (Must end with the			"L.L.C.," or "LLC	2.")	_
ARTICLE II - Address: The mailing address and street	address of the	principal offi	ce of the Lim	ited Liability	Company is
Principal Office Address:	•	Mailing	Address:		
CLERMONT FL	34711				
ARTICLE III - Registered A (The Limited Liability Company cannot business entity with an active Florida re	serve as its own Registration.)	gistered Agent. Yo	ou must designate	Sgent's Signa an individual or a	nother AV
The name and the Florida stree	SCALBER		gent are:	SEE. I	6 P
	Nan			JF STATE FLORIDA	± = _
<u>~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~</u>	Florida street	address (P.O. Bo		ble)	£
	ermon-	FL	34711	,	
	City, State	e, 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)

Title: "MGR" = Manager "MGRM" = Managing Mer	Name and Address:
MGR	_ JOHN SCREBORDUPY DR.
	14221 G000:NGS LN
	CLARMONT FL 34711
MGRM	STACIS SALARRY WIL
	STACIR SCALBORULIH
	CLERMONT FL 34911
•	
Use attachment if necessary	·) .
E.V. Differentials date if ather	a than the data of Clina.
E v: Enecuve date, it ome	r than the date of filing: (OPTION e must be specific and cannot be more than five business d
days after the date of filing.	
iays and the date of hims.	<b>/</b>
aays after the date of filing.	
-	
REQUIRED SIGNATURE	<u>:</u>
-	:
-	

Filing Fees:

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

that the facts stated herein are true.)

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

Typed or printed name of signee