

**LO9000120318**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H09000261288 3)))



H090002612883ABC3

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations  
Fax Number : (850)617-6383

From: Account Name : SHB  
Account Number : 120090000083  
Phone : (904)359-7810  
Fax Number : (904)359-7712

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: \_\_\_\_\_

FLORIDA/FOREIGN LIMITED LIABILITY CO.  
Armistead Payroll, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

D. BRUCE

DEC 21 2009

EXAMINER

FILED  
09 DEC 18 AM 10:07  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

RECEIVED  
09 DEC 18 AM 6:29  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

((H09000261288 3))

**ARTICLES OF ORGANIZATION  
OF  
ARMISTEAD PAYROLL, LLC**

The undersigned organizer, who is the authorized representative of ARMISTEAD PAYROLL, LLC (the "Company") under the Florida Limited Liability Company Act, hereby adopts the following Articles of Organization.

**ARTICLE I - NAME**

The name of the Company is Armistead Payroll, LLC.

**ARTICLE II - PRINCIPAL OFFICE**

The mailing address and street address of the principal office of the Company is 228 Franklin Blvd., St. George Island, Florida 32328.

**ARTICLE III - INITIAL REGISTERED AGENT AND ADDRESS**

The name and street address of the initial registered agent are JoAnn A. Shiver and 228 Franklin Blvd., St. George Island, Florida 32328.

IN WITNESS WHEREOF, the undersigned authorized representative has executed the foregoing Articles of Organization on the 18<sup>th</sup> day of December, 2009.

  
\_\_\_\_\_  
JoAnn A. Shiver  
Authorized Representative

**FILED**  
09 DEC 18 AM 10:07  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

((H09000261288 3))

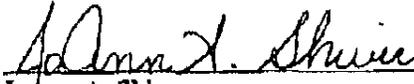
((H09000261288 3)))

**CERTIFICATE OF DESIGNATION  
OF REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415, FLORIDA STATUTES, ARMISTEAD PAYROLL, LLC, A FLORIDA LIMITED LIABILITY COMPANY, SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is Armistead Payroll, LLC.
2. The name and mailing address of the registered agent is JoAnn A. Shiver and 228 Franklin Blvd., St. George Island, Florida 32328.

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, JOANN A. SHIVER hereby accepts the appointment as registered agent and agrees to act in this capacity. JOANN A. SHIVER further agrees to comply with the provisions of all statutes relating to the proper and complete performance of her duties, and is familiar with and accepts the obligations of her position as registered agent as provided for in Chapter 608, F.S.

  
 \_\_\_\_\_  
 JoAnn A. Shiver

Date: December 18<sup>th</sup>, 2009.

00683403

**FILED**  
 09 DEC 18 AM 10: 07  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

((H09000261288 3)))