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à (Ad	ldress)	
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TALL PHASSES FE STATE

D. BRUCE

JAN 3 1 2012

**EXAMINER** 

## **COVER LETTER**

TO: Registration Section Division of Corp.					
SUBJECT: ARMVE	END, LLC				
	Name of Limit	ed Liability Company			
The enclosed Articles of O	rganization and fee(s) are	submitted for filing.			
Please return all correspond	dence concerning this matt	ter to the following:			
Phillip W. [	Duff				
		Name of Person			
Lighthouse	Consulting				
<del> </del>		Firm/Company			
POB 1484					
		Address			
St Augustine	, FL 32085		215		
phil@oakleyd		y/State and Zip Code	De de	12 JAN	
<u> </u>		for future annual report notification)	652	ယ်	•
For further information cor	ncerning this matter, please	e call:			
Phillip Duff Name of F	Person	at (904 ) 6871687  Area Code & Daytime Telephone Numb	STATE DA	30 PM 12: 56	ľ
Enclosed is a check for t	he following amount:		<b>)&gt;</b>		
\$125.00 Filing Fee	S130.00 Filing Fee & Certificate of Status	Certified Copy Certification (additional copy is enclosed) Certified	Filing Fee, ate of Status I Copy Il copy is enclo		
	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			

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

ARMVEND, LLC  (Must end with the words "Lim	nited Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address	of the principal office of the Limited Liability Co	ompany is:
Principal Office Address:	Mailing Address:	
6429 Pine Cir W ST Augustine, FL 32095	POB 1484 ST Augustine, FL 32085	
6429 Pine C	Sir W	•
Florida ST Augustine,	r street address (P.O. Box NOT acceptable)  FL 32095  City, State, and Zip	F 17: 66
liability company at the place design registered agent and agree to act in this statutes relating to the proper and con	t and to accept service of process for the above stanated in this certificate, I hereby accept the appoint scapacity. I further agree to comply with the proving the performance of my duties, and I am familiar as registered agent as provided for in Chapter 60.	ited limited tment as isions of all with and

(CONTINUED)

Registered Agent's Signature (REQUIRED)

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:

<u>Title:</u> "MGR" = Manager	Name and Address:
"MGRM" = Managing Member	
MGRM	Phillip Duff 6429 Pine Cir W
	ST Augustine, FI 32095
	the date of filing: (OPTIONAL
CLE V: Effective date, if other than	the date of filing: (OPTIONAL st be specific and cannot be more than five business days
CLE V: Effective date, if other than effective date is listed, the date must days after the date of filing.)  REQUIRED SIGNATURE:	
CLE V: Effective date, if other than effective date is listed, the date must 0 days after the date of filing.)  REQUIRED SIGNATURE:  Signature of a ment of the date of filing of the date of filing.	mber or an authorized representative of a member.  608.408(3), Florida Statutes, the execution of this document under the penalties of perjury that the facts stated herein are true formation submitted in a document to the Department of State
CLE V: Effective date, if other than effective date is listed, the date must 0 days after the date of filing.)  REQUIRED SIGNATURE:  Signature of a ment of the date of filing of the date of filing.	mber or an authorized representative of a member.  608.408(3), Florida Statutes, the execution of this document inder the penalties of perjury that the facts stated herein are true information submitted in a document to the Department of State colony as provided for in s.817.155, F.S.)
CLE V: Effective date, if other than effective date is listed, the date must 0 days after the date of filing.)  REQUIRED SIGNATURE:  Signature of a men (In accordance with section constitutes an affirmation u I am aware that any false in constitutes a third degree fee	mber or an authorized representative of a member.  608.408(3), Florida Statutes, the execution of this document inder the penalties of perjury that the facts stated herein are true information submitted in a document to the Department of State Pelony as provided for in s.817.155, F.S.)
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\$ 5.00 Certificate of Status (Optional)