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: PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
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DEC 22 2014 J. HARRIS

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Remmiz 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:
Jeffrey J. Zimmer
Name of Person
Firm/Company
3001 Ocean Drive, Suite 201
Address
Vero Beach, Florida 32963 City/State and Zip Code
Jz@armourcap.com
E-mail address; (to be used for future annual report notification)
For further information concerning this matter, please call:
Shane Segarra at (305) 982-5536 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
☑ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & ☐ \$155.00 Filing Fee & ☐ \$160.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) 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

Remmiz LLC	····	
	(Must end with the words "L	imited Liability Company, "L.L.C.," or "LLC.")
RTICLE II - Addi he mailing address	****	cipal office of the Limited Liability Company is:
rincipal Office Address:		Mailing Address:
001 Ocean Drive. Vero Beach, Florid		3001 Ocean Drive, Sulte 201 Vero Beach, Florida 32963
		Office, & Registered Agent's Signature; ts own Registered Agent. You must designate an individue
The Limited Liability nother business enti		ts own Registered Agent. You must designate an individue istration.)
The Limited Liability nother business enti	y Company cannot serve as it ity with an active Florida regi	ts own Registered Agent. You must designate an individue istration.)
The Limited Liability nother business enti	y Company cannot serve as in ity with an active Florida region	ts own Registered Agent. You must designate an individue istration.) istered agent are: Name

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

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

14 DEC 19 PH 1: 18

SECRETARY OF STATE DIVISION OF CORPORATIONS

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	Title: "AMBR" = Authorized Member "MGR" = Manager AMBR		Name and Address:	
			haffann h Winner	
	WMBK	-	Jeffrey J. Zimmer 3001 Ocean Drive, Suite 201	
			Vero Beach, FL 32963	
		•		
		•		
	(Use attachment if nece	ssaru)		
	/	,,		
CI.	EV: Effective date, If o	ther than the date of filin	g: (OPTIONAL)	
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iCL	E VI: Other provisions, REQUIRED SIGNAT (In accordance)	If any. URE: Ignature of a member of with section 605,0203	or an authorized representative of a member. (1) (b), Fiorida Statutes, the execution of this document	
CL	E VI: Other provisions, REQUIRED SIGNAT (In accordance constitutes an	If any. URE: Ignature of a member ce with section 605,0203 affirmation under the po	Indicannot be more than five business days prior to or 90 days	

Page 2 of 2

Jeffrey J. Zimmer
Typed or printed name of signee

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)