

L15000127082

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15 JUL 23 AM 10:20

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ARMD, 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

Jordan Churchill
Name of Person

ARMD, LLC
Firm/Company

9458 Anita Ave, #B
Address

FL 34224
City/State and Zip Code
Jordan Churchill@hotmail.com
E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call

Eric Leon at (941) 875-0502
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount

- ☐ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) ☒ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy s enclosed)

Mailing Address
New Filing Section
Division of Corporations
P O Box 6327
Tallahassee, FL 32314

Street Address
New Filing Section
Division of Corporations
Clifton Building
266 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is

ARMED, LLC

(Must end with the words 'Limited Liability Company "L.L.C." or "LLC")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is

Principal Office Address:

9075 Falcon Ct
Venice, FL
34293

Mailing Address:

9075 Falcon Ct
Venice, FL
34293

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

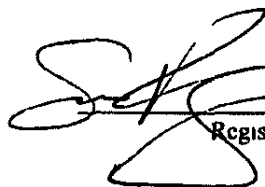
The name and the Florida street address of the registered agent are

InCorp Services, Inc.
Name

7888 67th

Florida street address (P.O. Box NOT acceptable)

Loxahatchee FL 33470
City State Zip

 on behalf of InCorp Services, Inc.
Registered Agent's Signature (REQUIRED)

(CONTINUED)

15 JUL 23 AM 10:20

ARTICLE IV

The name and address of each person authorized to manage and control the Limited Liability Company

Title:

AMBR" Authorized Member

"MGR" Manager

AMBR

AMBR

Name and Address:

Eric Leon

8035 Falcon Ct.

Venice, FL 34293

Jordan Churchill

9458 Arista Ave, unit B

Englewood, FL, 34224

(Use attachment if necessary)

ARTICLE V: Effective date if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:

Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s 817.155, F.S.

Eric Leon

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)