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(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	
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COVER LETTER

	egistration Section vision of Corporations				
SUBJECT					
	Name of	f Limited Liabil	ity Company		
The enclose	ed Articles of Organization and fee(s) are submitted	for filing.		
Please retur	m all correspondence concerning thi	s matter to the	following:		
	Daniel Keller				
		Name of	`Person		-
	c/o Aqualane Advisory Services				
		Firm/Co	mpany		-
	1167 3rd St South, Suite 204				_
		Addr	ess		
	Naples, FL 34102				_
C	ealexander@lumacapital.com	City/State an	d Zip Code		
_	E-mail address: (to be a	ised for future a	innual report notification)	-
For further in	formation concerning this matter, p	lease call:			
	Evan Alexander at	239	659-2888		
-	Name of Person	Area Code	Daytime Telephone N	Number	
Enclosed is	a check for the following amount:	& [] \$ 155ℓ	00 Filing Fee &] \$160.00 Filing Fee,	
√]•1253001	Certificate of Status	└──Certifi	ed Copy al copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)	
	Mailing Address New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address New Filing Section Division of Corporation Clifton Building 2661 Executive Center (Tallahassee, FL 32301	<u> </u>	15 NOV -5 F

EFFECTIVE DATE 11/02/15

ARTICLES OF QRGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

FILED

ARTICLE I - Name:

The name of the Limited Liability Company is:

15 NOV -5 PM 4: 22

ARMATT ENGINEERS, LLC

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

THO STARY OF STATE TALL SHASSEE, FLORIDY

ARTICLE II - Address:

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

Principal Office Address:	Mailing Address:
1167 Third St South #204	1167 3rd St South #204
Naples, FL 34102	c/a Aqualane Advisory Services
	Naples, FL 34102
Naples, FL 34102	

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:

Aqualane Advisor	y Services LLC	
	Name	
1167 3rd St South #2	204	
Florida street addres	s (P.O. Box NOT a	cceptable)
Naples, FL 34102		
City	State	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 605, F.S.

Registered Agent's Signature (REQUIRED)

Page 1 of 2

(CONTINUED)

"AMBR" = Authorized Member	Name and Address:
"MGR" = Manager MGR	Daniel Keller
MON	1167 Third St South #204
	Naples, FL 34102
	·
	
(Use attachment if necessary) LE V: Effective date, if other than the date of fective date is listed, the date must be specified.	of filing: 11/2/2015 (OPTIONAL)
LE V: Effective date, if other than the date of fective date is listed, the date must be specifiling.)	cific and cannot be more than five business days prior to or 90 de eet the applicable statutory filing requirements, this date will not be
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