

**L20000012019**

**Florida Department of State  
Division of Corporations  
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**FLORIDA LIMITED LIABILITY CO.  
ARMENIA INVESTMENTS, LLC**

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DIV. OF CORPORATIONS  
BUREAU OF COMMERCIAL  
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T. BURCH

JAN 21 2020

**ARTICLES OF ORGANIZATION FOR FLORIDA  
LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is: *(Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")*

**ARMENIA INVESTMENTS, LLC**

**ARTICLE II - Address:**

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

**3141 Via Otero Dr.  
Kissimmee, FL. 34744**

**ARTICLE III - Registered Agent, Registered Office:**

The name and the Florida street address of the registered agent are: *(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.)*

**Terzian, Bidros**

**3141 Via Otero Dr.**

**Kissimmee, FL. 34744**

**ARTICLE IV-**

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

**Terzian, Bidros (AMBR)**

**Goncalves Rodriguez, Mariela C. (AMBR)**

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Page 1 of 2

**Required Signatures:**



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

In accordance with section 605.0203 (1) (b), Florida  
Statutes, the execution of this document constitutes an  
affirmation under the penalties of perjury that the facts  
stated herein are true.

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.

**Terzian, Bidros**



**Typed or printed name of signee**

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)**

SECRETARY OF STATE  
TAMM HASSER, FLORIDA

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