

Florida Department of State

Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6381

From:

Account Name : AIA REGISTERED AGENT INC.
Account Number : 120090000032
Phone : (561) 792-2236
Fax Number : (561) 202-8082

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

FLORIDA LIMITED LIABILITY CO.
ARMADURA LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

2021 JAN 15 AM 8:46

J. FASON

JAN 19 2021

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

ARTICLE I: NAME

The name of the Limited Liability Company is:

ARMADURA LLC

ARTICLE II: Address

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

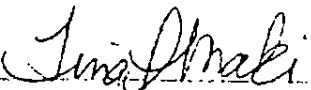
**4935 RANGER DR.
DAVIE, FL 33328**

ARTICLE III: REGISTERED AGENT, REGISTERED OFFICE &
REGISTERED AGENT SIGNATURE

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

**A1A REGISTERED AGENT INC.
5647 110TH AVENUE NORTH
ROYAL PALM BEACH, FL 33411**

Having been named as registered agent 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.

x 

A1A REGISTERED AGENT INC. / Registered Agent's Signature

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PAGE 2**ARMADURA LLC**

ARTICLE IV: The name and address of each person authorized to manage and control the Limited Liability Company.

AMBR:

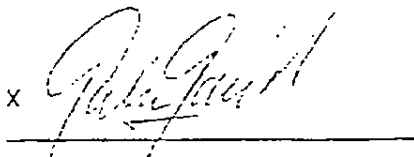
**GARCIA ARISPE, VICTOR G.
URB. VALLE DEL SOL NO. A-6 Z.
MALLASILLA, BOLIVIA**

AMBR:

**PATTERSON MONSALVE, EDGAR
FRANZ SHUBERT 296 EDIF F DPTO 401
LIMA, LIMA, SAN BORJA, PERU**

AMBR:

**LLONA RUIZ, MARCO A.
Z. SUR CALLE 3 NRO. 500 ALTO
LA FLORIDA, BOLIVIA**

x 

VICTOR G. GARCIA ARISPE

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.)

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