

**Division of Corporations Electronic Filing Cover Sheet** 

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Fax Number : (850)617-6381

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## FLORIDA LIMITED LIABILITY CO.

Armor Health of Duval County, LLC

Certificate of Status	0
Certified Copy	i
Page Count	03
Estimated Charge	\$155.00

Electronic Filing Menu

Corporate Filing Menu

Help

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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(Mast Com	rant the words Children	Liability Company,	L.L.C., Of LLC.	
ARTICLE II - Address:				
The mailing address and street a	ddress of the principal	office of the Limited L	iability Company is:	
<u>Princip</u>	al Office Address:		Mailing Address:	
4960 S.W. 72nd Ave	enue	4960	S.W. 72nd Avenue	
Suite 400		Suite	100	
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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..

By: (Kimberly Bowens)

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Title: "AMBR" - Authorized Men" "MGR" - Manager	Name and Address: Der
MGR	Otto Campo 4960 S.W. 72nd Avenue, Suite 400 Miami, Florida 33155
<del></del>	
(Use attachment if necessary	
RTICLE V: Effective date, if other t an effective date is listed, the date e date of filing.) ote: If the date inserted in this bloc	an the date of filing: (OPTIONAL)  must be specific and cannot be more than five business days prior to or 90 days after the applicable statutory filing requirements, this date will not be listed
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