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_083695 717303)

AUTHORIZATION:

COST LIMIT : \$ 285.00

ORDER DATE: December 30, 1998

ORDER TIME : 3:13 PM

ORDER NO. : 083695-005

CUSTOMER NO: 7173031

CUSTOMER: Maureen S. Fengler, Cpa

SULLIVAN & FENGLER SULLIVAN & FENGLER

3031 Northeast 22nd Street

Fort Lauderdale, FL 33305

DOMESTIC FILING

NAME:

ARMOURFEND FLORIDA L.L.C.

EFFECTIVE DATE:

XX ARTICLES OF INCORPORATION

____ CERTIFICATE OF LIMITED PARTNERSHIP

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

XX PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Tamara Odom

EXAMINER'S INITIALS:

6000027



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

December 31, 1998

SUBJECT: ARMOURFEND FLORIDA, L.L.C.

Ref. Number: W98000029267

CSC

RESUBMIT

Please give original submission date as file date.

Letter Number: 998A00061097

We have received your document for ARMOURFEND FLORIDA, L.L.C. and your check(s) totaling \$285.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please provide a description of the property contributed by the members, as stated on the affidavit.,

Please return your document, along with a copy of this letter, within 60 days of your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6967.

Michelle Hodges Document Specialist RY OF STATE
SSEET LOSSO

083695 Maurelin

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

ARMOURFEND FLORIDA L.L.C.

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is: 1389 S.W. 12 AVENUE POMPANO BEACH, FL 33069

ARTICLE III - Duration:

The period of duration for the Limited Liability Company shall be:

25 YEARS

SECRETARY OF STATE
TALLAHASSIE, FLOOTJA

ARTICLE IV - Management: (Check the appropriate box and complete the statement)

	The Limited Li	ability Comp	any is to b	e managed	by a manager	or managers	and the	e name(s)
and add	iress(es) of suc	h manager(s	who is/ar	e to serve a	is manager(s) i	is/are:		

The Limited Liability Company is to be managed by the members and the name(s) and address(es) of the managing member(s) is/are:

KENNETH R. FENGLER

KENNETH R. FENGLER 3031 NE 22 STREET FT LAUDERDALE, FL 33305

ARTICLE V - Admission of Additional Members:

The right, if given, of the members to admit additional members and the terms and conditions of the admissions shall be:

NO ADDITIONAL MEMBERS SHALL BE ADMITTED WITHOUT UNANAMOUS CONSENT OF ALL MEMBERS. NO MEMBER HAS THE POWER TO CONFER UPON A NON-MEMBER ALL THE ATTRIBUTES OF THE MEMBERS INTEREST WITHOUT THE UNANAMOUS CONSENT OF THE NON TRANSFERRING MEMBERS.

FILED

ARTICLE VI - Members Rights to Continue Business:

The right, if given, of the remaining members of the limited liability company to continue the business on the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in the limited liability company shall be:

SECRETARY OF STATE
SECRETARY OF STATE

ARTICLE VII - Affidavit of Membership and Contributions

The undersigned member or authorized representative of a member of	ARMOURFEND FLORIDA LA	ı, C
	certifies:	
1) the above named limited liability company has at least one member;		
2) the total amount of cash contributed by the member(s) is	\$ <u>1500.00</u> ;	
3) if any, the agreed value of property other than cash contributed by men (A description of the property is attached and made a part hereto.); and 4) the total amount of cash and property contributed and anticipated to be		
contributed by member(s) is	<u>\$ 1500.00</u>	
Signature of a member or an authorized representative (In accordance with section 608.408(3), Florida Statutes, the affidavit constitutes an affirmation under the penalties of perstated herein are true.)	e execution of this	
KENNETH R. FENGLER Typed or printed name of signee		

Filing Fee: \$250.00 for Articles and Affidavit

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS TH FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1.	The name of the limited liability company is:	ARMOURFEND	FLORIDA	L.L.C.	
2.	The name and the Florida street address of the region KENNETH R. FENGLER NAME	stered agent are:	3031 1	TH R. FENGLER NE 22 STREET JDERDALE, FL 33	305
	3031 NE 22 STREET Florida street address (P. O. Box FT LAUDERDALE FL CITY, STATE AND	33305			

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.

Filing Fee: \$ 35 for Designation of Registered Agent