

PO30000062827

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☒ WAIT

☐ MAIL

(Business Entity Name)

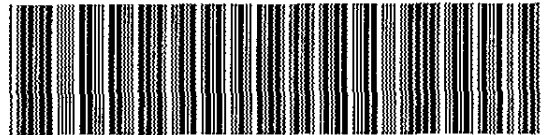
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TALLAHASSEE, FLORIDA

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03 JUN -6 PM 4:52

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

*[Handwritten signature]*

## TRANSMITTAL LETTER

Department of State  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

SUBJECT: Armour Financial Services, Inc.  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed is an original and one(1) copy of the articles of incorporation and a check for :

☐ \$70.00  
Filing Fee

☐ \$78.75  
Filing Fee  
& Certificate of Status

☐ \$78.75  
Filing Fee  
& Certified Copy

☒ \$87.50  
Filing Fee,  
Certified Copy  
& Certificate of  
Status

ADDITIONAL COPY REQUIRED

FROM:

Michael A. Morris  
Name (Printed or typed)

210 E Lakeshore Rd  
Address

Tallahassee Florida 32312  
City, State & Zip

850-980-8760  
Daytime Telephone number

NOTE: Please provide the original and one copy of the articles.

**ARTICLES OF INCORPORATION**

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

**ARTICLE I NAME**

The name of the corporation shall be: *Armour Financial Services, Inc.*

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is: *3311 North Monroe St  
Tallahassee FL 32303*

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: *Operate Service and  
Retail operations*

**ARTICLE IV SHARES**

The number of shares of stock is: *1,000,000*

**ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)**

The name(s), address(es) and title(s):

*Michael A. Morris  
President and Chief Executive Officer  
210 E Lakeshore Dr  
Tallahassee FL 32312*

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TALLAHASSEE, FLORIDA

**ARTICLE VI REGISTERED AGENT**

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

*Michael A. Morris  
210 E Lakeshore Dr  
Tallahassee FL 32312*

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

*Michael A. Morris  
210 E Lakeshore Dr  
Tallahassee FL 32312*

\*\*\*\*\*  
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

*Michael A. Morris*  
\_\_\_\_\_  
Signature/Registered Agent

*6/5/03*  
\_\_\_\_\_  
Date

*Michael A. Morris*  
\_\_\_\_\_  
Signature/Incorporator

*6/5/03*  
\_\_\_\_\_  
Date