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(Business Entity Name)

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## COVER LETTER

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

SUBJECT: **ARMUR REAL ESTATE INC.**  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

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

☐ \$70.00      ☒ \$78.75  
Filing Fee      Filing Fee  
                         & Certificate of Status

☐ \$78.75      ☐ \$87.50  
Filing Fee      Filing Fee,  
& Certified Copy      Certified Copy  
                         & Certificate of  
                         Status  
**ADDITIONAL COPY REQUIRED**

FROM: **LYNN REEVES**  
Name (Printed or typed)  
**712 U.S. HIGHWAY ONE, SUITE 400**  
Address  
**NORTH PALM BEACH, FL 33408**  
City, State & Zip  
**561-615-1030**  
Daytime Telephone number  
**LR@FCOHENLAW.COM**  
E-mail address: (to be used for future annual report notification)

**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: ARMUR REAL ESTATE, INC.

**ARTICLE II    PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

14569 SOUTHERN BOULEVARD  
LOXAHATCHEE, FL 33470

**ARTICLE III    PURPOSE**

The purpose for which the corporation is organized is: REAL ESTATE MATTERS

**ARTICLE IV    SHARES**

The number of shares of stock is: 100

**ARTICLE V    INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: WILLIAM HAMMOND - P  
Address: 14569 SOUTHERN BOULEVARD  
LOXAHATCHEE, FL 33470

Name and Title: WILLY LITZENBERG - VP  
Address: 14569 SOUTHERN BOULEVARD  
LOXAHATCHEE, FL 33470

Name and Title: JACQUELINE LITZENBERG - ST  
Address: 14569 SOUTHERN BOULEVARD  
LOXAHATCHEE, FL 33470

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

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TALLAHASSEE FLORIDA

(conti.)

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_ Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: PETER R. RAY/COHEN, NORRIS  
Address: 712 U.S. HIGHWAY ONE #400  
NORTH PALM BEACH, FL 33408

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: LYNN REEVES  
Address: 712 U.S. HIGHWAY ONE #400  
NORTH PALM BEACH, FL 33408

*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*

\_\_\_\_\_  
Required Signature/Registered Agent  
Date 2-13-13

*I submit this document and affirm that the facts stated herein are true. I am aware that the 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.*

\_\_\_\_\_  
Required Signature/Incorporator  
Date 2/13/13

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