

L020000000354

Florida Department of State  
Division of Corporations  
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Division of Corporations  
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From:  
Account Name : MILLIKEN P.C.  
Account Number : I19990000078  
Phone : (800) 669-9805  
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**LIMITED LIABILITY COMPANY**

H02000001356 v3

## ARTICLES OF ORGANIZATION

## ARTICLE I

The name of the Limited Liability Company is INTER-LOGIKA LLC

## ARTICLE II

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

SUITE E 847 ORANGE AVE., DAYTONA BEACH, FL 32114-

## ARTICLE III

The period of duration for the Limited Liability Company shall be January 1, 2071.

## ARTICLE IV

The Limited Liability Company is to be managed by a manager or managers and the name(s) and address(es) of such manager(s) who is/are to serve as manager(s) 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) are:

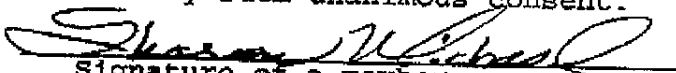
ALEX WAHBA, SUITE E, 847 ORANGE AVE, DAYTONA BEACH, FL, 32114

## ARTICLE V

The right, if given of the members to admit additional members and the terms and conditions of the admissions shall be with unanimous consent of the members, as provided in Section 608.4232, Florida Statutes, upon the terms and conditions provided for by such unanimous consent.

## ARTICLE VI

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 with unanimous consent of the members, as provided in Section 608.441, Florida Statutes, upon the terms and conditions provided for by such unanimous consent.

  
Signature of a member or an  
authorized representative of a member

Prepared By: Sharon Michael Milliken P.C., 4643 E. Thomas, #9, Phx, AZ 85018

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**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 THE  
FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND  
REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the limited liability company is: INTER-LOGIKA LLC

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

ALBERT C. PENSON

NAME

2810 Remington Green CrFlorida street address (P. O. Box NOT ACCEPTABLE)Tallahassee FL 32308

CITY, STATE AND ZIP

*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.*

  
X ALBERT C. PENSON SIGNATURE

**Filing Fee: \$ 35 for Designation of Registered Agent**

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