

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1.	
(Corporation Name)	(Document#) 200051811626. -04/02/0201011001 *****155.00 ****155.00
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☐ Walk in ☐ Pick up time	Certified Copy
☐ Mail out ☐ Will wait	Photocopy
NEW FILINGS	<u>AMENDMENTS</u>
Profit Not for Profit Limited Liability Domestication Other	Amendment Resignation of R.A., Officer/Director Change of Registered Agent Dissolution/Withdrawal Merger
OTHER FILINGS	REGISTRATION/QUALIFICATION
☐ Annual Report ☐ Fictitious Name	☐ Foreign ☐ Limited Partnership ☐ Reinstatement ☐ Trademark ☐ Other

Examiner's Initials

WO2-9418

CR2E031(7/97)

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FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

April 4, 2002

LESLIE RISER PO BOX 52-2201 MIAMI, FL 33152

SUBJECT: DYNASYS LOGISTICS, LLC

Ref. Number: W02000009418

We have received your document for DYNASYS LOGISTICS, LLC and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to section 608.409(2), F.S., the effective date must be specific, cannot be more than five business days prior to the date of filing or more than 90 days after the date of filing. Our office received your document on . Please amend your document accordingly.

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

If you have any questions concerning the filing of your document, please call (850) 245-6043.

Joey Bryan Document Specialist Tax Liens

Letter Number: 002A00019756

Mr. Beym:

As requested By your office the date of our submission has been changed to The 28th.

It there are my other problems please can me at 561-486-6580

I have incloses an supress mail envelope for you to return our certified copy.

ARRASEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:		
The name of the Limited Li	ability Company is:	
DYNASYS LOG	istics, LLC	
ADDRESS) MINNIC, FI	reet address of the principal office of the Limited Liabil -2201 STREET SCTINW 112Th 33152 PARCETS MINNIC, FI 33178 Agent, Registered Office, & Registered Agent's Sign	Ave #111 3 gnature:
The name and the Florida st	treet address of the registered agent are:	TIMO APR -2 PM 1: 09 DINJUNOF CORPORATION DINJUNOR SEE FLORING
	,	艺艺艺术
-	Leslie Ristru Name	122
	Name	黄谷 万
	5671 NW 112m Ave # 111	5500 2
-	Florida street address (P.O. Box NOT acceptable)	The state of the s
	Misme FL 33178	(A) 3
-	City, State, and Zip	De la company de
statutes relating to the prop	to act in this capacity. I further agree to comply with the err and complete performance of my duties, and I am fan y position as registered agent as provided for in Chapter Registered Agent's Signature	iiliar with and
Article IV - Management The Limited Liability therefore, a manager -	t (Check box if applicable.) Company is to be managed by one manager or more managed company	
	onal article must be added if an effective date is request	ed)
Signatu	re of a member or an authorized representative of a member.	
of this	ordance with section 608.408(3), Florida Statutes, the execution document constitutes an affirmation under the penalties of perjury facts stated herein are true.)	
	Glenn R Riser Typed or printed name of signee	
	Filing Fees: \$100.00 Filing Fee for Articles of Organization	1

\$ 25.00 Designation of Registered Agent \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)