

Client 2558-53
L02000022098

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H02000187018 5)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)205-0383

From:

Account Name : HILL, WARD & HENDERSON, P.A. II
Account Number : 072100000520
Phone : (813) 221-3900
Fax Number : (813) 221-2900

02 AUG 27 PM 3:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

LIMITED LIABILITY COMPANY

LoganSienna Enterprises, LLC

| | |
|-----------------------|----------|
| Certificate of Status | 1 |
| Certified Copy | 1 |
| Page Count | 01 |
| Estimated Charge | \$160.00 |

RECEIVED

02 AUG 27 PM 1:08

DIVISION OF CORPORATIONS

8-27-02

((H02000187018 5)))

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I – Name:

The name of the Limited Liability Company is LoganSienna Enterprises, LLC

ARTICLE II – Address:

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

301 West Platt Street, Suite A-332
Tampa, Florida 33606

ARTICLE III – Registered Agent, Registered Office, & Registered Agent's Signature:

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

Thomas Nolan Finn
Name

301 W. Platt Street, Suite A-317
Florida street address (P.O. Box **NOT** acceptable)

Tampa, Florida 33606
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 as provided for in Chapter 608, F.S.


Registered Agent's Signature

ARTICLE IV – Management (Check box if applicable.)

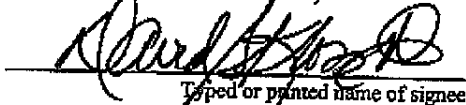
☒ The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager – managed company.

(An additional article must be added if an effective date is requested)

David S. Kloss, IV

Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)


Typed or printed name of signer

Filing Fees:

\$100.00 Filing Fee for Articles of Organization
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)

02 AUG 27 PM 3:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED