P.01 Page 1 of 1

## 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.

(((H04000220607 3)))

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

: C T CORPORATION SYSTEM

Account Number : FCA000000023

Fax Number

Phone

: (850)222-1092 x (850)222-9428

## LIMITED LIABILITY COMPANY

## Ergo-Asyst LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

**Historia** Filing Menu

Comorate Filing

PLUS ACCORDANT NO

J. BRYAN NOV - 5 2004

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

5:28	CT CORPORATION		P.02
	ARTICLES OF O	Naco a ruby a processu	ON AUGUSTON AND SO
		R	100 00 P
	FLORIDALIMITED L	IARILITY COMPANY	20316
ARTICLE I	- Name: the Limited Liability Company is:		NO <sub>A</sub> NS
ERGO-A8YST	TLC		
•		ncipal office of the Limited Liability Co	empany is:
17176 Bonita I	RITO	MATTER STATE OF THE STATE OF TH	<u> </u>
Sugarloaf Key	, Fforida 33042		
	d the Florida street address of the re	Office, & Registered Agent's Signatu gistered agent are:	re:
	Frederic Paley		
	Name		
	17176 Bonks Lens		
**	Florida street address (P.O	Box NOT acceptable)	
	Sugarical Key City, State, a	FLORIDA 33042	

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 farther 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 \$08, Florida Statutes...

Papilof 1 (CONTINUED)

STATICA OF AND 29 ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows: Name and Address: Title: "MGR" = Manager "MGRM" = Managing Member (Use attachment if necessary) NOTE: An additional article must be added if an effective date is requested.

authorized representative of a member.

Film Feet: \$105.00 Filing Fee for Articles of Organization

REQUIRED SIGNAT

3 25.00 Designation of Registered Agent

\$ 50.00 Certified Capy (Optional)

\$ 5.06 Certificate of Status (Optional)

Page 2 of 2

(In accordance with section 60% 408(3), Florida Statutes, the execution of this document constitutes an affirmation under the population of perjury that the faces stated bereig are tree.)