

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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DIVISION OF INVESTIGATION

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MAYBANK CORPORATIONS  
TALLAHASSEE, FLORIDA

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2005 JAN 26 AM 11:13  
STANDARD CORPORATION  
TALLAHASSEE, FLORIDA

J. DEAN

J. BRYAN JAN 26 2005

## TRANSMITTAL LETTER

TO: Registration Section  
Division of Corporations

SUBJECT:

Teleologic LLC

(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Christopher Bryan Peary

(Name of Person)

Teleologic LLC

(Firm/Company)

1405 S. Jefferson St.

(Address)

Monticello, FL 32344

(City/State and Zip Code)

For further information concerning this matter, please call:

Chris Peary

(Name of Person)

at ( 850 ) 509-4302

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☒ \$125.00 Filing Fee    ☐ \$130.00 Filing Fee & Certificate of Status    ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)    ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

**STREET ADDRESS:**

Registration Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, Florida 32399

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

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DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Teleologic LLC

ARTICLE II - Address:

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

Principal Office Address:

1405 S. Jefferson St.  
Monticello, FL 32344

Mailing Address:

1405 S. Jefferson St.  
Monticello, FL 32344

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

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

CHRISTOPHER BRYAN PEARY

Name

1405 S. Jefferson St.

Florida street address (P.O. Box **NOT** acceptable)

Monticello, FL 32344

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

(CONTINUED)

**ARTICLE IV- Manager(s) or Managing Member(s):**

The name and address of each Manager or Managing Member is as follows:

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

MGRM

**Name and Address:**

Christopher Bryan Peary  
1405 S. Jefferson St.  
Monticello, FL 32344

DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

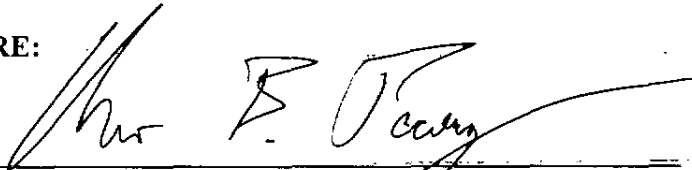
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(Use attachment if necessary)

**NOTE: An additional article must be added if an effective date is requested.**

**REQUIRED SIGNATURE:**



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.)

Christopher Bryan Peary

Typed or printed name of signed

**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)