

L05000092782

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

BK

Office Use Only



100058278441

09/21/05--01033--007 **125.00

FILED

05 SEP 21 PM 2:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED

05 SEP 21 PM 12:28

FILE
CORPORATIONS
DIVISION
TALLAHASSEE, FLORIDA

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Redline Logic, LLC

FILED
05 SEP 21 PM 2:17
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

- ☐ Art of Inc. File
- ☐ LTD Partnership File
- ☐ Foreign Corp. File
- ☒ L.C. File
- ☐ Fictitious Name File
- ☐ Trade/Service Mark
- ☐ Merger File
- ☐ Art. of Amend. File
- ☐ RA Resignation
- ☐ Dissolution / Withdrawal
- ☐ Annual Report / Reinstatement
- ☐ Cert. Copy
- ☒ Photo Copy
- ☐ Certificate of Good Standing
- ☐ Certificate of Status
- ☐ Certificate of Fictitious Name
- ☐ Corp Record Search
- ☐ Officer Search
- ☐ Fictitious Search
- ☐ Fictitious Owner Search
- ☐ Vehicle Search
- ☐ Driving Record
- ☐ UCC 1 or 3 File
- ☐ UCC 11 Search
- ☐ UCC 11 Retrieval

Signature

Requested by:

Name SP Date 9/21/05 Time 10:31

Walk-In Will Pick Up

Courier

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY
In compliance with Chapter 608, F.S.

ARTICLE I NAME

The name of the Limited Liability Company is:
REDLINE LOGIC, L.L.C.

ARTICLE II ADDRESS

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

Principal Office Address:
24724 SR 54 #247
LUTZ, FL 33559

Mailing Address:
24724 SR 54 #247
LUTZ, FL 33559

ARTICLE III REGISTERED AGENT, REGISTERED OFFICE & REGISTERED AGENT'S SIGNATURE

The name and Florida street address of the registered agent are:
TIM NEWLON 12146 CURLEY ROAD, SAN ANTONIO, FL 33576

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

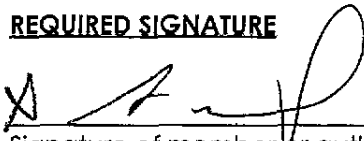
ARTICLE IV MANAGER(S) OR MANAGING MEMBER(S)

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

Title:
MGR

Name & Address:
GREG SPIEGEL 24724 SR 54 #247, LUTZ, FL 33559

REQUIRED SIGNATURE



Signature of member or authorized representative of member

(In accordance with §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.)

GREG SPIEGEL

Typed or printed name of signee

FILED
05 SEP 21 PM 2:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA