Division of Corporations

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## Florida Department of State

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To:

Division of Corporations

Fax Number : (8

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From:

Account Name : A 1 A CORPORATE SERVICES, INC.

Account Number : I20010000247 Phone : (800)494-3124 Fax Number : (305)675-2811

## FLORIDA/FOREIGN LIMITED LIABILITY CO.

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### LEMYR Systems, LLC

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# ARTICLES OF ORGANIZATION FOR A FLORIDA LIMITED LIABILITY COMPANY

In compliance with Chapter 608, F.S.

ARTICLE I: NAME

The name of the Limited Liability Company is:

LEMYR SYSTEMS, LLC

**ARTICLE II: Address** 

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

P.O BOX 8548

DELRAY BEACH, FLORIDA 33482-8548

ARTICLE III: REGISTERED AGENT, REGISTERED OFFICE & REGISTERED AGENT SIGNATURE

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

A1A REGISTERED AGENT INC.

92 SADBERRY ROAD

QUINCY, FLORIDA 32351

Having been named as registered agent 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 cluties, and I am familiar with and accept the obligations of my position as registered agent as provided for In Chapter 608, F.S.

Signature, Registered Agent

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LEMYR SYSTEMS, LLC

ARTICLE IV: MANAGEMENT

The Limited Liability Company is to be managed by one or more members and is, therefore, a Member Managed Company.

ARTICLE V: MEMBERS (optional)

#### MANAGING MEMBER:

TODD FUCHS

140 VIA D. ESTE #810

DELRAY BEACH, FLORIDA 33445

#### MANAGING MEMBER:

LORI FUCHS 140 VIA D. ESTE #810 DELRAY BEACH, FLORIDA 33445

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.)

**TODD FUCHS** 

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