

607000088573

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

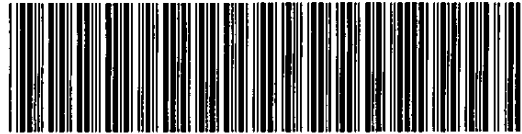
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400108518774

08/28/07--01025--017 **155.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2007 AUG 28 PM 12:50

FILED

607-88573
al

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

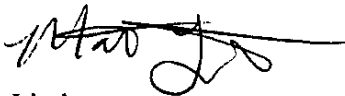
To Whom It May Concern:

I wanted to enclose my organization's information. If you have any questions please feel free to contact myself at 904-887-4492, Matt Lindert.

Company's Name: Logo Pros
Address: 7990 Baymeadows Rd E. #825
Jacksonville, FL 32256

Daytime Number: 904-887-4492

Warm Regards,



Matt Lindert

FILED
2007 AUG 28 PM 12:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: Logo Pros, 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:

Matthew Lindert
(Name of Person)

Logo Pros, LLC
(Firm/Company)

7990 Baymeadows Rd. E #825
(Address)

Jacksonville, FL 32256
(City/State and Zip Code)

For further information concerning this matter, please call:

Matthew Lindert at (904) 887-4492
(Name of Person) (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)

Mailing Address
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street/Courier Address
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

2007 AUG 28 PM 12:50
SECRETARY OF STATE
TALLAHASSEE, FL 32301

FILED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Logo Pros LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:

7990 Baymeadows Rd. E #825
Jacksonville, FL 32256

Mailing Address:

7990 Baymeadows Rd E #825
Jacksonville, FL 32256

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

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Robert B. Persons Jr.

Name

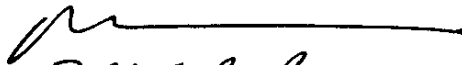
2215 South 3rd St. #101

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

Jacksonville Beach, FL 32250

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..



ROBERT B. PERSONS, JR.
Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

2007 AUG 28 PM 12:55
SECRETARY OF STATE
TALLAHASSEE, FL 32310
FILED

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

Name and Address:

MGRM

Matthew Lindert

7990 Baymeadows Rd. E #825
Jacksonville, FL 32256

MGRM

Phil Nover

7990 Baymeadows Rd. E #825
Jacksonville, FL 32256

MGRM

Darren Mace

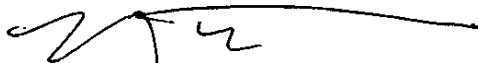
48 Jackson Ave
~~4800~~ Ponte Vedra Beach, FL 32082

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____. (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

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.)

Matthew J. Lindert

Typed or printed name of signer

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

2007 AUG 23 PM 12:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED