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SECRETARY FOR THE PROPERTY OF THE



COVER LETTER

| TO: | Registration Section Division of Corporations | | | |
|----------------------------------|--|---|--|--|
| SUBJECT: Logemann Consulting LLC | | | | |
| | (Name of Limi | ted Liability Company) | | |
| The enc | closed Articles of Organization and fee(s) are | submitted for filing. | | |
| Please r | eturn all correspondence concerning this ma | tter to the following: | | |
| (| George A. Logemann | | | |
| | | (Name of Person) | | |
| | Logemann Consulting L | LC | | |
| • | • | (Firm/Company) | | |
| · · | 371 Putnam Lane | | | |
| | | (Address) | | |
| | Lake Mary, FL 32746 | | | |
| - | | ty/State and Zip Code) | | |
| For furt | her information concerning this matter, pleas | e call: | | |
| Geo | rge A. Logemann | _ _{at (} 781 883 1366 | | |
| | (Name of Person) | (Area Code & Daytime Telephone Number) | | |
| Enclose | ed is a check for the following amount: | • | | |
| □\$125.0 | 00 Filing Fee \$\times\$130.00 Filing Fee \$\times\$ Certificate of Status | Certified Copy (additional copy is enclosed) \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) | | |
| | Mailing Address | Street Constant Address | | |
| | Registration Section | Street/Courler Address Registration Section | | |
| | Division of Corporations P.O. Box 6327 | Division of Corporations Clifton Building | | |
| | Tallahassee, FL 32314 | 2661 Executive Center Circle Tallahassee, FL 32301 | | |
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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

| (Must end with the words "Limited List ARTICLE II - Address: The mailing address and street address of the | ability Company, "L.L.C.," or "LLC.") principal office of the Limited Lia | ability Company is: |
|---|---|---|
| Principal Office Address: | Mailing Address: | |
| 371 Putnam Ln Lake Mary, FL 32746 | 371 Putnam Ln Lake Mary, FL 32746 | |
| Lake Mary City, State Having been named as registered agent and it | e registered agent are: mann me address (P.O. Box NOT acceptable) FL 32746 e, and Zip to accept service of process for the service agent are: | FILED 07 OCT -1 PHI2: 04 SECRETARIAN SINTE TALLAHASSEE, FLORIDA above stated limited |
| liability company at the place designated is registered agent and agree to act in this capac statutes relating to the proper and complete accept the obligations of my position as re | city. I further agree to comply with performance of my duties, and I an | the provisions of all n familiar with and |

(CONTINUED)
Page 1 of 2

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

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

| <u>Title:</u> "MGR" = Manager "MGRM" = Managing | Name and Address: Member | |
|--|--|-------|
| MGR | George A. Logemann 371 Putnam Ln Lake Mary, FL 32746 | |
| | | |
| | | |
| (Use attachment if nece | • | |
| ARTICLE V: Effective date, in (If an effective date is listed, the to or 90 days after the date of the date. | Tother than the date of filing: (OPTIONAL) e date must be specific and cannot be more than five business days piling.) | rior |
| REQUIRED SIGNAT | OT O | FIL |
| (In ac of thi | coordance with section 608.408(3), Florida Statutes, the execution document constitutes an affirmation under the penalties of perjury the facts stated herein are true.) | FILED |
| <u>Ge</u> | eorge A. Logemann | |

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)