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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

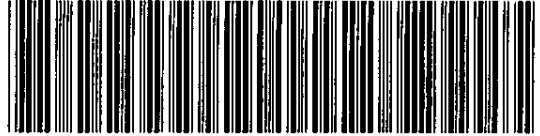
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TALLAHASSEE, FLORIDA

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LAW OFFICES OF  
*Brandon J. Marton, P.A.*

PINE ISLAND PROFESSIONAL CENTER  
1860 NORTH PINE ISLAND ROAD  
SUITE 118  
PLANTATION, FLORIDA 33322

BRANDON J. MARTON, ESQ.

(954) 475-9995  
FAX: (954) 476-7047

October 24, 2007

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

RE: Logistics Limited, LLC.

Enclosed please find the original and two copies of the Articles of Organization for a new Florida limited liability company called, Logistics Limited, LLC.

Also, enclosed please find a check payable to the Florida Department of State in the amount of \$155.00 to cover the filing fee for Articles of Organization and Designation of Registered Agent, and for a certified copy.

Should you have any questions, please do not hesitate to contact the undersigned.

Sincerely,



Brandon J. Marton, Esq.

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TALLAHASSEE, FLORIDA

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED  
LIABILITY COMPANY**

**Article I- Name:**

The name of the Limited Liability Company is: Logistics Limited, LLC.

**Article II- Address:**

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

**Principal Office Address:**

1860 N. Pine Island Rd.  
Suite 118  
Plantation, FL 33322

**Mailing address:**

1860 N. Pine Island Rd.  
Suite 118  
Plantation, FL 33322

**Article III- Registered Agent, Registered Office, & Registered Agent's Signature**

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

Harvey Rubinchik  
1860 N. Pine Island Rd.  
Suite 118  
Plantation, FL 33322

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*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:

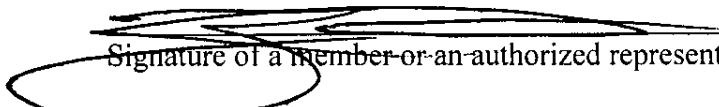
**Title:**

MGRM

**Name and Address:**

Harvey Rubinchik  
1860 N. Pine Island Rd.  
Suite 118  
Plantation, FL 33322

**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.)

Harvey Rubinchik, Managing Member

Typed or printed name of signee

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