

LO9000039794

https://efile.dunbr.com/scripts/efilcovr.exe

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H09000100714 3)))



H090001007143ABCW

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : EMPIRE CORPORATE KIT COMPANY
Account Number : 072450003255
Phone : (305) 634-3694
Fax Number : (305) 633-9696

2009 APR 24 PM 9:43
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA/FOREIGN LIMITED LIABILITY CO
logimix group, llc

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$155.00

RECEIVED
09 APR 24 PM 3:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help
M. THOMAS

APR 27 2009

EXAMINER

5

H09000100714

ARTICLES OF ORGANIZATION
OF
LOGIMIX GROUP, LLC.

The undersigned, as a member or an authorized representative of a member of the Company pursuant to Chapter 608, Florida Statutes, files the following Articles of Organization establishing a Florida Limited Liability Company named LOGIMIX GROUP, L.L.C.

ARTICLE I.
NAME

The name of the Limited Liability Company shall be LOGIMIX GROUP, LLC.

ARTICLE II.
ADDRESS

The mailing address and street address of the principal office of the Limited Liability Company shall be 169 E. Flagler Street, Suite 1534, Miami, Florida 33131.

ARTICLE III.
DURATION

The period of duration for the Limited Company shall be perpetual.

H09000100714

2009 APR 24 PM 9:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

ARTICLE IV.
PURPOSE OF ORGANIZATION

The Limited Liability Company is organized for the purpose of engaging in any and all other acts or purposes permitted under Section 608.404 of the Florida Statutes 1993, as amended from time to time, and for any and all other applicable or governing laws of the State Of Florida, except as any of the foregoing acts and/or purposes may be otherwise barred or restricted by laws.

ARTICLE V.
MANAGEMENT

This Limited Liability Company shall be managed by two Managing Members and the name and address of the Managing Members are:

OSCAR GONCAVES, 169 E. Flagler Street, Suite 1534, Miami, FL 33131.

CATERINA BADIELLO, 169 E. Flagler Street, Suite 1534, Miami, FL 33131.

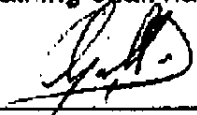
ARTICLE VI.
ADMISSION OF NEW MEMBERS

Unless otherwise herein specified, no new Members shall be admitted to the Limited Liability Company during the period of its existence. New Members may be admitted pursuant to a vote of not less than 100% of the total existing ownership interest each Member has in the Limited Liability Company. No individual Member and/or managing Member of the Limited Liability Company shall ever have the power to terminate or grant membership to any person.

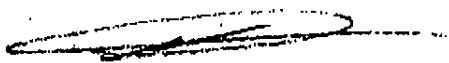
ARTICLE VII.

CONTINUATION AFTER INVOLUNTARY TERMINATION

In the event of termination of the Limited Company due to death, retirement, resignation, expulsion, bankruptcy or dissolution of a Member or any other event which involuntarily terminates the Limited Liability Company, then in that event, the remaining and/or surviving Members shall be fully entitled to continue the business of the Limited Liability Company provided that 100% of the ownership interest then remaining shall have to do so in writing.



OSCAR GONCALVES
MANAGING MEMBER



CATERINA BADIELLO
MANAGING MEMBER

2009 APR 24 PM 9:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

H09000100714

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

Pursuant to the provisions of section 608.415, Florida Statutes, the undersigned Limited Liability Company submits the following statement in designating the registered office/registered agent, in the State of Florida.

1. The name of the Limited Liability Company is:

LOGIMIX GROUP, L.L.C.

169 E. Flagler Street, Suite 1534

Miami, FL 33131

2. The name and address of the registered agent and office is:

OSCAR GONCALVES

Name

169 E. Flagler Street, Suite 1534

(P.O. Box or Mail Drop NOT acceptable)

Miami, FL 33131

(City/State/Zip)

FILED
2009 APR 24 PM 9:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Having been named as registered agent and to accept service of process for the above stated corporation 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.



SIGNATURE

OSCAR GONCALVES

DATE 04/24/2009

H09000100714