

LD9000076017

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

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MAIL

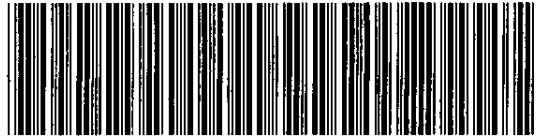
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

W. G. G. G.

AUG - 7 2009

Law Offices
Smith, White, Sharma & Halpern

A Professional Association

Lion's Gate Manor
1126 Ponce de Leon Avenue, NE
Atlanta, Georgia 30306
(404) 872-7086
Fax/Telecopier
(404) 892-1128

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Teri Ellis Brown

Of Counsel:
Benjamin P. Erlitz
Brian Spears

August 3, 2009

Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

Re: LCS Logistics & Management Consulting, LLC


Dear Sir/Madam:

Enclosed herewith please find the following:

1. Cover letter;
2. Articles of Organization;
3. Check in the amount of \$125.00.

Please return a file stamped copy in the envelope provided.

Respectfully,


Brandee E. Redig
Assistant to Larry James White

/ber

Enclosures

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: LCS Logistics & Management Consulting, 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:

Larry James White

(Name of Person)

(Firm/Company)

1126 Ponce de Leon Avenue NE

(Address)

Atlanta, GA 30306

(City/State and Zip Code)

For further information concerning this matter, please call:

Larry James White

(Name of Person)

at (404)

872-7086

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|---|---|---|---|
| <input checked="" type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

LCS Logistics & Management Consulting, 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:

225 E Robinson Street, Suite 240
Orlando, FL 32801

Mailing Address:

1126 Ponce de Leon Avenue NE
Atlanta, GA 30306

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:

Gerald L. Connet, Jr.

Name

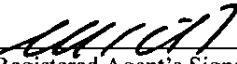
225 E Robinson Street, Suite 240

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

Orlando FL 32801

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..


Registered Agent's Signature (REQUIRED)

(CONTINUED)

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TALLAHASSEE FLORIDA

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:

MGR

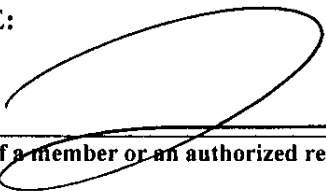
Larry James White
1126 Ponce de Leon Avenue NE
Atlanta, GA 30306

(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.)

Larry James White

Typed or printed name of signee

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TALLAHASSEE FLORIDA

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)