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B. KOHR
MAY 1 4 2010
EXAMINER



COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Central Florida Government Resale & Service 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:

Robert P We	hrli	
		Name of Person
Electrinsyc D	esign Solutions	,
		Finn/Company
445 Brown A	ve	
		Address
Melbourne, F	L 32901	
	Ci	ty/State and Zip Code
rwehrli@elec		
	E-mail address: (to be used	for future annual report notification)
For further information	concerning this matter, pleas	e call:
Robert P Wehrli		at (321) 536-6118
Name	of Person	Area Code & Daytime Telephone Number
Enclosed is a check for	or the following amount:	
□\$125.00 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	□\$155.00 Filing Fee & □ \$160.00 Filing Fee, Certified Copy (additional copy is enclosed) Certified Copy

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

(additional copy is enclosed)



ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPAN

ARTICLE I - Name:

The name of the Limited Liability Company is:

Central Florida Government Resale & Service 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:	Maining Address:
907 E Strawbridge Ave Suite 103-C	907 E Strawbridge Ave Suite 103-C
Melbourne, FL 32901	Melbourne, FL 32901

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 P We	hrli
•	Name
445 Brown A	Ave
	Florida street address (P.O. Box NOT acceptable)
Melbourne	FL 32901
	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..

(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: Title: Name and Address: "MGR" = Manager "MGRM" = Managing Member MGRM Yuki Wehrli 445 Brown Ave Melbourne, Fl. 32901 **MGRM** Robert P Wehrli 445 Brown Ave Melbourne, FL 32901 (Use attachment if necessary) **ARTICLE V:** Effective date, if other than the date of filing: 10 MAY 2010 . (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.

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)

that the facts stated herein are true.)

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury

Typed or printed name of signee