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(Re	equestor's Name)	
(Ad	ldress)	
,	,	
(Address)		
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to Filing Officer:		
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EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Motion Tech	LLC
Sobret.	Name of Limited Liability Company
The enclosed Articles of Organization	on and fee(s) are submitted for filing.
Please return all correspondence co	ncerning this matter to the following:
Lawrence L. Pa	rzynski Name of Person
	Name of Person
Motion Tech, LL	
	Firm/Company
2804 SW 35th S	treet
	Address
Cape Coral, FL 33	
	City/State and Zip Code
k1sprinter@hotma	II.COM Idress: (to be used for future annual report notification)
For further information concerning	·
Lawrence L. Parzynski	at (239) 218-6522
Name of Person	Area Code & Daytime Telephone Number
Enclosed is a check for the follo	ving amount:
	Filing Fee & \$155.00 Filing Fee & \$160.00 Filing Fee, ate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
Division P.O. Box	on Section Registration Section of Corporations Division of Corporations

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:		
Motion Tech, LLC		
(Must end with the words "Limited Liabilit	y Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address of the pri	ncipal office of the Limited Liability Company is	
Principal Office Address:	Mailing Address:	
Motion Tech, LLC	Motion Tech, LLC	
2804 SW 35th St.	2804 SW 35th St.	
Cape Coral, FL 33914	Cape Coral, FL 33914	
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)	Office, & Registered Agent's Signature: ered Agent. You must designate an individual or another	
The name and the Florida street address of the re	egistered agent are:	
Lawrence L. Parzynski		
Name		
2804 SW 35th St.		
Florida street add	ress (P.O. Box NOT acceptable)	
Cape Coral, FL 33914	FL	
City, Stat	te, and Zip	
Having been named as registered agent and to a	ccept service of process for the above stated limited	

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)

Page 1 of 2

10 OCT 12 AM IO: 25

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 Member	Name and Address:
MGR	Lawrence L. Parzynski 2804 SW 35th St. Cape Coral, FL 33914
	
(Use attachment if necessary) RTICLE V: Effective date, if other than t	he date of filing: (OPTIONAL)
If an effective date is listed, the date must o or 90 days after the date of filing.)	be specific and cannot be more than five business days prior
REQUIRED SIGNATURE:	
Signature of a mem	ber or an authorized representative of a member.
(In accordance with section 6 constitutes an affirmation un	508.408(3), Florida Statutes, the execution of this document der the penalties of perjury 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 that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Lawrence L. Parzysnki

Typed or printed name of signee

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)

10 OCT 12 AM 10: 28