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(Rec	uestor's Name)	<u> </u>
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	s of Status
Special Instructions to F	iling Officer:	
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2011 SEP 14 AM 10: 20
SECRETARY OF STATE

T: HAMPTON
SEP 1 6 2011

EXAMINER

COVER LETTER

10.	Division of	Corporations			
SUBJE	CT. NDI	NLOGIC			
SOBJE		Name of Limite	ed Liability Cor	mpany	
The end	closed Article	s of Organization and fee(s) are	submitted for fi	ling.	
Please	return all corr	respondence concerning this matt	ter to the follow	ring:	
	NEMAI	NJA D. NESIC			
			Name of Person		
			Firm/Company		
	4146 N	W 31ST TERRACE			
			Address		
1		VIII E EL 22605			
	GAINES	VILLE, FL 32605	y/State and Zip C	Code	
	NDNLOG	GIC@GMAIL.COM	y		
		E-mail address: (to be used f	for future annual	report notification)	
K For fur	ther informati	on concerning this matter, please	e call:		
NEM	ANJA D.	NESIC	at (352	√ 505-124°	7
	Na	me of Person	att	Code & Daytime Te	
	-				
Ënclos	ed is a checl	k for the following amount:			
\$125.00	Filing Fee	✓ \$130.00 Filing Fee &		iling Fee &	\$160.00 Filing Fee,
	, A.	Certificate of Status	Certified (additional)	Copy copy is enclosed)	Certificate of Status & Certified Copy
			(100)	·,,	(additional copy is enclosed)
***		Mailing Address Registration Section		t/Courier Addrestration Section	<u>SS</u>
		Division of Corporations	Divisi	ion of Corporatio	ons
		P.O. Box 6327 Tallahassee, FL 32314		n Building Executive Center	· Circle
	\$ \\\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			nassee, FL 32301	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Cor	npany is:
NDNLOGIC LLC.	
(Must end with the words "Li	mited 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:	Mailing Address:
4146 NW 31ST TERRACE GAINESVILLE, FL 32605	4146 NW 31ST TERRACE GAINESVILLE, FL 32605

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:

NEMANJA D. NESIC

Name

4146 NW 31st Terrace

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

GAINESVILLE FL 32605

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)

Page 1 of 2

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2011 SEP 14 AM 10: 28
SECRETARY OF STATE

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

"MGRM" = Managing Member	
MGR	NEMANJA D. NESIC
	4146 NW 31ST TERRACE
	GAINESVILLE, FL 32605
(Use attachment if necessary)	
LE V: Effective date, if other than	the date of filing: (OP
	st be specific and cannot be more than five busin
days after the date of filing.)	

(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

Signature of a member or an authorized representative of a member.

constitutes a third degree felony as provided for in s.817.155, F.S.)

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)