

L1100013L202

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(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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28015 Smyth Drive, Santa Clarita, CA 91355, USA
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November 28, 2011

Attn: Florida Secretary of State;

Enclosed are a check and a signed copy of the articles for: Logica of Florida, LLC

Can you please file the articles and ship a copy of the filed documents back to me via FedEx in the envelope which I have provided.

Please contact us if there are any questions about the filing.

Thank you,
Gerson Hernandez
Legal Department Manager
gerson@1800company.com
gersonhernandez1@gmail.com
Tel: 1-800-COMPANY
Direct Tel: 661-310-2823
Fax: 661-257-0263

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Logica of Florida, 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:

Gerson Hernandez

Name of Person

1-800-COMPANY

Firm/Company

28015 Smyth Dr

Address

Valencia, CA 91355

City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Gerson Hernandez

Name of Person

at (**661**) **310 2823**

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &
Certificate of Status

☒ \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$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:

Logica Holdings, 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:

2529 Joan Ave #440
Panama City FL 32408

Mailing Address:

2529 Joan Ave #440
Panama City FL 32408

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:

Presidential Services Incorporated

Name

1217 Cape Coral Pkwy #300

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

Cape Coral FL 33904

City, State, and Zip

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TALLAHASSEE, FLORIDA

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)

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:

MGRM

01 THE ENTRUST GROUP INC. FBO CHRISTOPHER M. ARNOLD IRA # 56-00505

555 12th St. Suite 1250

Oakland, CA 94607

MGR

Christopher Michael Arnold

2529 Joan Ave #440

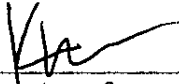
Panama City FL 32408

(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. 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.)

Kevin Wessell - Authorized Representative

Typed or printed name of signee