

L12000017351

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

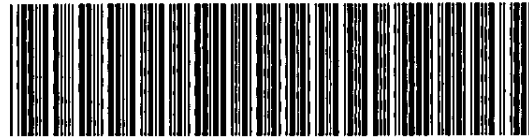
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FEB - 7 2012

EXAMINER



600220358896

02/03/12--01004--022 **130.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 FEB -3 PM 2:01

bagLogik LLC

Christian Bauer
1100 NW 10th St
Boca Raton, FL 33486

561.213.7192

FILED
CLERK OF DISTRICT COURT
12 FEB -3 PM 2:01

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BAG LOGIK 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:

CHRISTIAN J BAUER

Name of Person

BAG LOGIK

Firm/Company

1100 NW 10TH ST.

Address

BOCA RATON, FL 33486

City/State and Zip Code

CJBCVGO@LIVE.COM

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

For further information concerning this matter, please call:

CHRISTIAN BAUER

Name of Person

at (561) 213-7192

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 FEB -3 PM 2:01

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

BAG LOGIK 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:

1100 NW 10TH ST.
BOCA RATON, FL 33486

Mailing Address:

1100 NW 10TH ST.
BOCA RATON, FL 33486

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:

CHRISTIAN J. BAUER

Name

1100 NW 10TH ST

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

BOCA RATON FL 33486

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..

CHRISTIAN J. BAUER

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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DIVISION OF CORPORATIONS
12 FEB -3 PM 2:01

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:

DIRECTOR MGR

CHRISTIAN J BAUER

1100 NW 10TH ST

BOCA RATON, FL 33486

MGRM

JORGE A PICAZA

9174 BROAD ST

BOCA RATON, FL 33494

MGRM

GREGORY TODD BLACKMON

9174 BROAD ST.

BOCA RATON, FL 33494

MGRM

ELI GESKE

900 SAVANNAH FALLS DR.

WESTON, FL 33327

(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:

CHRISTIAN J. BAUER

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.)

CHRISTIAN J. BAUER

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)