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B. BOSTICK
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EXAMINER

TO:

Registration Section

Division of Corporations TAA LOGISTIC LLC SUBJECT: 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: Tomas Rutkauskas Name of Person Firm/Company 9250 Gladiolus Preserve Cir. Address Fort Myers FL 33908 City/State and Zip Code freeseleva@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Tomas Rutkauskas Name of Person Area Code & Daytime Telephone Number Enclosed is a check for the following amount: □\$125.00 Filing Fee ■\$130.00 Filing Fee & □\$155.00 Filing Fee & □ \$160.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & (additional copy is enclosed) 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

TAALOG	ISTIC LLC	
	nited Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address:		
	of the principal office of the Limited Liability Company	/ is:
Principal Office Address:	Mailing Address:	
9250 Gladiolus Preserve Cir.	Same as office	
Fort Myers FL 33908		
		
	:	
The name and the Florida street address Tomas Rutkauskas	2 DEI	TÌ
Tomas Rutkauskas	Name	T
Tomas Rutkauskas 9250 Gladiolus Preserve	Name OCir	可一個
Tomas Rutkauskas 9250 Gladiolus Preserve Florida	Name Cir street address (P.O. Box NOT acceptable)	
Tomas Rutkauskas 9250 Gladiolus Preserve	Name Name Cir street address (P.O. Box NOT acceptable) lyers FL 33908	
Tomas Rutkauskas 9250 Gladiolus Preserve Florida	Name Cir Street address (P.O. Box NOT acceptable) Name 33908	
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Florida Fort M Having been named as registered agent liability company at the place design registered agent and agree to act in the all statutes relating to the proper and	Name Cir Street address (P.O. Box NOT acceptable) Output City, State, and Zip City, State, and Zip City, State, and Zip Complete performance of process for the above stated limit ated in this certificate, I hereby accept the appointment at its capacity. I further agree to comply with the provisions complete performance of my duties, and I am familiar with the provisions are complete performance of my duties, and I am familiar with the provisions are complete performance of my duties, and I am familiar with the provisions are complete performance of my duties, and I am familiar with the provisions are complete performance of my duties, and I am familiar with the provisions are complete performance of my duties, and I am familiar with the provisions are complete performance of my duties, and I am familiar with the provisions are complete performance of my duties, and I am familiar with the provisions are complete performance of my duties, and I am familiar with the provisions are complete performance of my duties, and I am familiar with the provisions are complete performance of my duties, and I am familiar with the provisions are complete performance of my duties, and I am familiar with the provisions are complete performance of my duties are complete perfo	is of ith

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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:

MGR			Tomas Rutkauskas	
			9250 Gladiolus Preserve Cir	
			Fort Myers FL 33908	
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of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)