

L13 000027430

2/1/13

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H13000040870 3)))



H130000408703ABCX

DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

RECEIVED

13 FEB 21 AM 11:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

To: Division of Corporations
Fax Number : (850)617-6383
From: Account Name : HUBCO
Account Number : 104662003400
Phone : (516)935-3940
Fax Number : (516)935-3088

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2013 FEB 21 AM 9:05

FILED

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: bob@visionair.com

FLORIDA LIMITED LIABILITY CO.
Berloga LLC

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$130.00

J. SAULSBERRY
EXAMINER

FEB 22 2013

H13000040870

ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name

The name of the Limited Liability Company is: **Berloga LLC**

ARTICLE II - Address

The mailing address and street address of the principal office of the Limited Liability Company is:

<u>Principal Office Address:</u>	<u>Mailing Address:</u>
9927 SW Ventura Drive	9927 SW Ventura Drive
Palm City, FL 34990	Palm City, FL 34990

ARTICLE III - Registered Agent, Registered Office & Registered Agent's Signature

The name and Florida street address of the registered agent are:

Olga Tsaregradskaya
Name

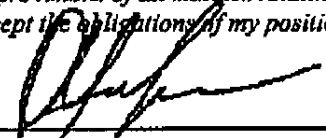
9927 SW Ventura Drive
(P.O. Box or Mail Drop Box NOT Acceptable)

Palm City, FL 34990
(City / State / Zip)

2013 FEB 21 AM 9:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

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 - Olga Tsaregradskaya

H13000040870

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:
Olga Tsaregradskaya - 8927 SW Ventura Drive
Palm City, FL 34990

MGR

(Use attachment if necessary)

REQUIRED SIGNATURE:



Signature of a member or 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.)

Olga Tsaregradskaya

Typed or printed name of signee

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2013 FEB 21 AM 9:05

FILED