

1300083738

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

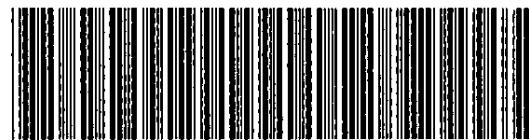
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300248686603

06/07/13--01022-001 *160.00

13 JUN - 7 PM 4:23

REGISTRY OF STATE
ALACHUA, FLORIDA

FILED

JUN 10 2013
D. BUTLER

(850) 245-6051.

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: CyberTronic Solutions

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:

Julia S. Ballengee

Name of Person

CyberTronic Solutions

Firm/Company

1114 Seabreeze Ln

Address

Gulf Breeze, FL 32563

City/State and Zip Code

cts.sembach@gmail.com

jballengee@ymail.com

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

For further information concerning this matter, please call:

Julia S. Ballengee

337 849-0045

Name of Person

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

RECEIVED
FLORIDA
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA
13 JUN - 7 PM 4:23
FILED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

CyberTronic Solutions, LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

FLORIDA
STATE
GULFBREEZE, FLORIDA
13 JUN - 7 PM 43
APPLIED

ARTICLE II - Address:

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

Principal Office Address:

1114 Seabreeze Ln

Gulf Breeze, FL 32563

Mailing Address:

1114 Seabreeze Ln

Gulf Breeze FL 32563

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:

Julia S. Ballengee

Name

1114 Seabreeze Ln

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

Gulf Breeze, FL 32563

FL

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..

Julia S. Ballengee
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

Joseph K. Jaubert, III

EichenStrasse 7

Sembach, RP 67681 Germany

MGRM

Julia S. Ballengee

1114 Seabreeze Ln.

Gulf Breeze, FL 32563

13 JUN - 7 PM 4:23
FILED
DEPT. OF STATE
GULF BREEZE, FLORIDA

(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:

Julia S. Ballengee
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.)

Julia S. Ballengee

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)