

L15000070193

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

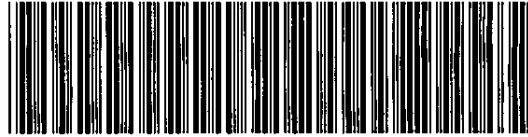
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15 APR 21 AM 10:52
SECRETARY
TALLAHASSEE, FL 32301

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: FOREFRONT TECHNOLOGY 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.

PETER RADKE

Name of Person

Firm/Company

4011 N PINE ISLAND #101

Address

SUNRISE, FLORIDA 33351

City/State and Zip Code

4FOREFRONTTECHNOLOGY@GMAIL.COM

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

For further information concerning this matter, please call:

PETER RADKE

Name of Person

at (541) 5709540

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|---|---|
| <input checked="" type="checkbox"/> \$125.00 Filing Fee | <input checked="" type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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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15 APR 21 AM 10:52
TALLAHASSEE, FL
REGISTRATION SECTION

Cushing, Diane

From: Peter Radke <4forefronttechnology@gmail.com>
Sent: Tuesday, April 21, 2015 9:59 AM
To: Cushing, Diane
Subject: Re: FOREFRONT TECHNOLOGY LLC

Hi Diane,

Thank you for contacting me.
The address on the application uses:

4011 n pine island #101
sunrise, fl

The new address to be used is:
3233 NE 10th st #205
Pompano Beach, FL 33062

Please let me know if there is anything else you need from me.

Thank You,
Peter Radke
(541)570-9540

On Thu, Apr 16, 2015 at 2:45 PM, Cushing, Diane <Diane.Cushing@dos.myflorida.com> wrote:

Peter

I understand that you need to make an address change on your Articles of Organization before it is filed in our office. Please let me know which address and I will make the correction on your application for you.

Diane C. Cushing

Senior Section Administrator

Amendment Section

Division of Corporations

(850) 245-6913

(850) 245-6897 (Fax)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

FOREFRONT TECHNOLOGY 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:

3233 NE 10th St., #205
Pompano Beach, FL 33062

Mailing Address:

3233 NE 10th St., #205
Pompano Beach, FL 33062


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:

InCorp Services, Inc.
Name
17888 67th Court North
Florida street address (P.O. Box NOT acceptable)
Loxahatchee FL 33470
City 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 605, F.S.

 on behalf of InCorp Services, Inc.
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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FLORIDA

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

Name and Address:

Peter Radke

3233 NE 10th St., #205

Pompano Beach, FL 33062

(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.)

ARTICLE VI: Other provisions, if any:

The Company elects to indemnify its members, managers, managing members, officers, employees and agents for liability and related expenses under FLS 608.4227 to 608.4229

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.

(In accordance with section 605.0203 (1) (b), 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.)

Peter B. Radke

Typed or printed name of signer

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)

SECRET
TALLAHASSEE

15 APR 21 AM 10:52

FILED