

L 15000209481

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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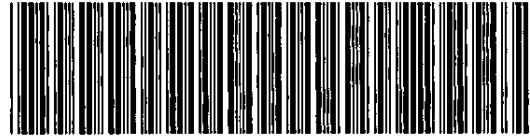
(Business Entity Name)

(Document Number)

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AND  
FILED

15 DEC 11 PM 2:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1/4

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Geodudes & Assoc., 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:

Andrew Davidson

Name of Person

C/O Embry-Riddle Aeronautical University Dept. of Civil Engineering

Firm/Company

600 S. Clyde Morris Blvd.

Address

Daytona Beach, FL, 32114

City/State and Zip Code

criador@erau.edu

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

For further information concerning this matter, please call:

Rosa Criado

Name of Person

at ( 386 )

Area Code

226-7979

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**

New Filing Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address**

New Filing Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

APPROVED  
AND  
FILED

15 DEC 11 PM 2:51

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Geodudes & Assoc. LLC

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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE II - Address:**

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

**Principal Office Address:**

Same  
600 S. Clyde Morris Blvd  
Daytona Beach, FL 32114

**Mailing Address:**

ERAU Dept. of Civil Engineering  
600 S. Clyde Morris Blvd  
Daytona Beach, FL, 32114

**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:

Andrew Davidson  
Name  
1269 Cunningham Creek Drive  
Florida street address (P.O. Box **NOT** acceptable)  
St. Johns Florida 32259.  
City State 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.*



Registered Agent's Signature (REQUIRED)

(CONTINUED)

APPROVED  
AND  
FILED

**ARTICLE IV-**

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

15 DEC 11 PM 2:57

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

MGR

**Name and Address:**

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

Andrew Davidson  
1269 Cunningham Creek DRIVE.  
St. Johns, FL, 32259.

Michael He  
141 Via Cupri  
New Smyrna Beach, FL, 32169

Cody Wilson  
141 North Street  
New Smyrna Beach, FL, 32168

Weston Ott  
870 Woodbine Drive  
Merritt Island, FL, 32952

AMBR

AMBR

AMBR

(Use attachment if necessary)

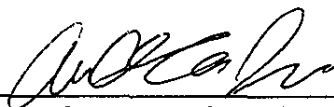
**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(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.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

**ARTICLE VI:** Other provisions, if any.

**REQUIRED SIGNATURE:**



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

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.  
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.

Andrew Davidson

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)