

Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet**

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FLORIDA LIMITED LIABILITY CO.

ErgoDock, LLC

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COVER LETTER

	gistration Section vision of Corporations
SUBJECT:	ErgoDock, LLC
SUMMET.	Name of Limited Liability Company
The enclose	d Articles of Organization and fee(s) are submitted for filing.
Please retur	n all correspondence concerning this matter to the following:
	Milo M. Unruh, Jr.
	Name of Person
	Am, Mullins, Unruh, Kuhn & Wilson, LLP
	Firm/Company
	300 W. Douglas, Suite 330
·	Address
	Wichita, KS 67202
'n	City/State and Zip Code
<u>-</u>	E-mail address: (to be used for future annual report notification)
For further in	formation concerning this matter, please call:
:	James K. Snook 316 651-7260
· -	Name of Person Area Code Daytime Telephone Number
Enclosed is	a check for the following amount:
\$125,00 Fil	ing Fee \$130.00 Filing Fee & \$155.00 Filing Fee & \$160.00 Filing Fee, Certificate of Status (additional copy is enclosed) 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
Tellahassee, FL 32301

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FILED 15 DEC 22 AM. 9: 13

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited Liability Company is:

ErgoDock, 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:

Mailing Address:

61 Preakness Place
Orange Park, FL 32073

Orange Park, FL 32073

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:

Amy Johnson, Brant, Abraham, Reiter, McCormick & Johnson, PA

50 N. Laura St., Suite 2750
Florida street address (P.O. Box NOT acceptable)

 Jacksonville
 FL
 32202-3642

 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 um 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)

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	Name and Address:
"AMBR" Authorized Member	
"MGR" = Manager	Hand I West and an
MOR	Kent J. Weisenberg 61 Preakness Place
	Orange Park, FL 32073
	Orange Park, PL 32015
effective date is listed, the date must be spice of filing.)	e of filing: (OPTIONAL) sectific and cannot be more than five business days prior to or 90 days after
CLE V: Effective date, if other than the date effective date is listed, the date must be spite of filing.) If the date inserted in this block does not the date inserted in this block does not the date inserted in the date in the dat	sectific and cannot be more than five business days prior to or 90 days after meet the applicable statutory filing requirements, this date will not be listed a
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