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(Re	equestor's Name)	
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SECULIARY OF SINE

COVER LETTER

	egistration Section vision of Corporations
SUBJECT	PropLogix, LLC
SOBJECT	Name of Limited Liability Company
The enclose	ed Articles of Organization and fee(s) are submitted for filing.
Please retur	n all correspondence concerning this matter to the following:
	Jessica Skinner
	Name of Person
	PropLogix, LLC
	Firm/Company
	1651 Whitfield Ave., #101
	Address
	Sarasota, Florida 34243
	City/State and Zip Code
<u>j</u>	essica.skinner@proplogix.com
	E-mail address: (to be used for future annual report notification)
or further in	formation concerning this matter, please call:
	Jessica Skinner 941 444-7142
_	Name of Person Area Code Daytime Telephone Number
Enclosed is	a check for the following amount:
]\$125.00 Fil	S130.00 Filing Fee & S155.00 Filing Fee & Certificate of Status 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

PropLogix, LLC (Must end	with the words "Limite	ed Liability Company,	"L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street ad	ddress of the principal	office of the Limited L	Liability Company is:	
Principa	al Office Address:		Mailing Addr	ess:
1651 Whittield Ave # Sarasota, FL 34243	‡ 101			
ARTICLE III - Registered Age (The Limited Liability Company another business entity with an a The name and the Florida street a	cannot serve as its ow ctive Florida registrati address of the registere	n Registered Agent. Yoon.)	ou must designate an ind	2016 AUG 17
	Jessica Skinner			HANGE HANGE
		Name		
	1651 Whitfield Ave			- 변화 구
	Florida street addre	ss (P.O. Box <u>NOT</u> acc	ceptable)	ದೆಯ ಕ್ ಅವರ ಕ್
	Sarasota	Florida	34243	FI ON THE LE
	City	State	Zip	
aving been named as registered a lace designated in this certificate,	l hereby accept the apportisions of all statutes t	pointment as registered relating to the proper a	ibove stated limited liabil lagent and agree to act in nd complete performance provided for in Chapter (n this capacity. I e of my duties, and t

Page 1 of 2

Title:	Name and Address:	
"AMBR" = Authorized Member		
"MGR" = Manager		
MGR	Evan N. Berlin	
	1651 Whitfield Ave., #101	
	Sarasota, FL 34243	
	ري خرز المام المام ال	르
MGR	Jesse M. Biter	
	1651 Whitfield Ave., #101 全产	
	Sarasota, FL 34243	
	SACTOR OF THE PROPERTY OF THE	
MGR	Jamie A. Ebling	
***************************************	1651 Whitfield Ave., #101	====
	Sarasota, FL 34243	<u></u>
		£
		C
EV: Effective date, if other than the dective date is listed, the date must be	ate of filing: (OPTIONAL) specific and cannot be more than five business days prior to	or 90
EV: Effective date, if other than the dective date is listed, the date must be of filing.) The date inserted in this block does not ment's effective date on the Department.	specific and cannot be more than five business days prior to of meet the applicable statutory filing requirements, this date w	or 90
ective date is listed, the date must be of filing.) The date inscrted in this block does not ment's effective date on the Department. EVI: Other provisions, if any.	specific and cannot be more than five business days prior to of meet the applicable statutory filing requirements, this date w	or 90
EV: Effective date, if other than the dective date is listed, the date must be of filing.) the date inserted in this block does not ment's effective date on the Department EVI: Other provisions, if any.	specific and cannot be more than five business days prior to of meet the applicable statutory filing requirements, this date w	or 90
EV: Effective date, if other than the dective date is listed, the date must be of filing.) the date inserted in this block does not ment's effective date on the Department EVI: Other provisions, if any.	specific and cannot be more than five business days prior to of meet the applicable statutory filing requirements, this date w	or 90
E V: Effective date, if other than the dective date is listed, the date must be of filing.) The date inserted in this block does not ment's effective date on the Department E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a This document is exert am aware that any file.	specific and cannot be more than five business days prior to of meet the applicable statutory filing requirements, this date w	ill not

ARTICLE IV-

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)



PROFESSIONAL LIEN SEARCH, LLC DBA PROPLOGIX 1651 WHITFIELD AVE, SUITE 101 SARASOTA, FL 34243

July 29, 2016

Florida Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Re: Consent to Use Name PropLogix

Ladies and Gentlemen:

Professional Lien Search, LLC, a limited liability company organized under the laws of the State of Florida, has registered the fictitious name "PropLogix" (Registration no. G16000035486 filed on April 7, 2016). Professional Lien Search, LLC hereby consents to the use of the name "PropLogix" by a new Florida limited liability company being organized by the members of Professional Lien Search, LLC, which will be filing Articles of Organization with the Division of Corporations using the name "PropLogix, LLC." The undersigned is a manager and member of Professional Lien Search, LLC.

PROFESSIONAL LIEN SEARCH, LLC

Manager

