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## COVER LETTER

TO: New Filing Section Division of Corporations
SUBJECT: Gerny and Thompson Logistics
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:
Christian Gerny & Name of Person
, remains or reason
Gerny and Thompson Logistics Firm/Company
1317 Edgewater Dr. #3565
Address
Orlando, FL 32804  City/State and Zip Code
E-mail address: (to be used for future annual report notification)
or further information concerning this matter, please call:
Christian Gerny at 386 872 0227  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\ \text{S130.00 Filing Fee & Certificate of Status} \text{Certified Copy (additional copy is enclosed)} \text{\$\frac{1}{2}\$ \$\$160.00 Filing Fee, Certified Copy (additional copy is enclosed)}
Mailing AddressStreet AddressNew Filing SectionNew Filing SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE	I - Name:	<b></b>			
l ne name o	f the Limited Liabili	ty Company is:			
-	GERN) (Must cont	AND THE	MPSC d Liability Co	ompany, "L.L.C.," or "L	CS LLC
ARTICLE The mailing	II - Address:				
	address and street a	ddress of the principal	office of the	Limited Liability Comp	any is:
<b>!</b>		al Office Address:		<u>Mail</u>	ing Address:
	1317 Edger Suite 3 Oclando, Fl	sater Drive 565 , 32804	2	1317 Edge Us Suite 35	ater Drive
ADTICLE				orlando, FL	32804
		nt, Registered Office cannot serve as its ow ctive Florida registrati		ed Agent's Signature: Agent. You must design	ate an individual or
The name an	d the Florida street a	ddress of the registere	d agent are:		
		Kelly Mill	er		
			Name		<del></del>
		1317 Edg	gewater Dr		
		Florida street addres	ss (P.O. Box I	NOT acceptable)	<del></del>
ĺ		Orlando,	FL 32804		
		City	State	Zip	<del></del> _
further agree to	comply with the pro	visions of all statutes r	omment as re	for the above stated lim. egistered agent and agre proper and complete per agent as provided for in	ited liability company at the te to act in this capacity. I Jormance of my duties, and Chapter 605, F.S.
		Registe	ered Agent's	Signature (REQUIRED)	<u> </u>
  -  - 			(CONTINU	JED)	
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<u> Citle:</u>	Name and Address:
AMBR" = Authorized Member	
MGR" = Manager	
711/31(	Christian Gerny
	1317 Edgewater Drive
<b>A</b>	Ste 3565, Orlando, Fl, 32804
AMBR	Kevin Thompson
	1748 Carolina Ave
	amoud Beach, FL, 32174
/: Effective date, if other than the d ve date is listed, the date must be iling.)	specific and cannot be more than five business days prior to or 90 or meet the applicable statutory filing requirements, this date will not
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