

Oct. 25. 2021 12:10PM

GRAY ROBINSON

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Florida Department of State

Division of Corporations

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Carrie Ramos, FRP, Please fax confirmation to 407 244-5690

Account Name : GRAYROBINSON, P.A. - ORLANDO

Account Number : I20010000078

Phone : (407)843-8880

Fax Number : (407)244-5690

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: ajguske@comcast.net

FLORIDA LIMITED LIABILITY CO.

LOJACS-6, LLC

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**ARTICLES OF ORGANIZATION**  
**FOR**  
**FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I**  
**Name**

The name of this Limited Liability Company is:

LOJACS-6, LLC

**ARTICLE II**  
**Address**

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

51 South 3rd Street  
Jacksonville Beach, Florida 32250

**ARTICLE III**  
**Management**

This Limited Liability Company is to be managed by one or more managers and is, therefore, a "manager-managed" limited liability company.

**ARTICLE IV**  
**Initial Board of Managers**

This Limited Liability Company shall have one (1) manager initially. The number of managers may be either increased or decreased from time to time in accordance with the Operating Agreement of this Limited Liability Company, but shall never be fewer than one (1).

The name and address of the initial manager of this Limited Liability Company are as follows:

Name

Street Address

Adam Guske

51 South 3rd Street  
Jacksonville Beach, Florida 32250

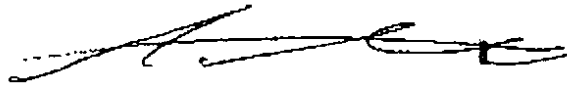
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**ARTICLE V**  
**Registered Agent, Registered Office & Registered Agent's Signature**

The name and the Florida street address of the Registered Agent of this Limited Liability Company is:

Adam Guske  
51 South 3rd Street  
Jacksonville Beach, Florida 32250

*Having been named as registered agent to accept service of process for this limited liability company at the place so designated in these Articles of Organization, the undersigned hereby accepts this appointment and agrees to act in this capacity. The undersigned agrees to comply with the provisions of all statutes relating to the proper and complete performance of its duties and is familiar with and accepts the obligations of the undersigned's position as registered agent, as provided for in Chapter 605, Florida Statutes.*



**REGISTERED AGENT'S SIGNATURE**

*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 in Section 817.155, Florida Statutes.*



**AUTHORIZED REPRESENTATIVE'S SIGNATURE**

Adam Guske, Authorized Representative

Type or printed name of signee

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