Division of Corporations Electronic Filing Cover Sheet

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(((H240001690013)))



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Division of Corporations

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

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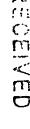
jwelden@residentialelevators.com

FLORIDA LIMITED LIABILITY CO. REI LOGISTICS, LLC

Certificate of Status	0
Certified Copy	I
Page Count	03
Estimated Charge	\$155.00

Electronic Filing Menu Corporate Filing Menu

Help





ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liab	oility Company is:		
REI Logistics, LL			
(Must c	ontain the words "Limited	Liability Company, "	'L.T.C.," or "LLC.")
ARTICLE II - Address:			
The mailing address and stree	et address of the principal o	office of the Limited I	Liability Company is:
_			
<u>Prin</u>	cipal Office Address:		Mailing Address:
		2210	Kerry Forest Parkway, D4-1
20 Residential Dr	•	2910	12011 3 1 01000 1 41 10 43 1 10 1
Crawfordville, FI RTICLE III - Registered A The Limited Liability Comp	Agent, Registered Office,	Tallal & Registered Agent Registered Agent. Y	nassee, FL 32309
Crawfordville, Fl	Agent, Registered Office, any cannot serve as its own an active Florida registration	Tallal & Registered Agent Registered Agent. Y	hasser, FL 32309
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Crawfordville, FI LRTICLE III - Registered at The Limited Liability Componenther business entity with a	Agent, Registered Office, any cannot serve as its own an active Florida registration and the registered of the registered of T Corporation Systems 1200 South Pine Isia	Registered Agent (Registered Agent, Yon.) d agent are: tem Name	hassee, FL 32309 I's Signature: ou must designate an individual or

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)

Title: "AMBR" = Authorized Member	Name and Address:	
"MGR" = Manager		
MGR	Demory S. Boeneke 2958 Wellington Circle Tallahassec, FL 32309	
MGR	Thomas C. Hance 2958 Wellington Circle Tallahassee, FL 32309	
(Use attachment if necessary)		
LEV: Effective date, if other than t fective date is listed, the date mus	he date of filing: Upon filing (OPTIONAL) t be specific and cannot be more than five business days prior to	or 90
LE V: Effective date, if other than t fective date is listed, the date mus of filing.)	t be specific and cannot be more than five business days prior to es not meet the applicable statutory filing requirements, this date w	or 90
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