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G. MCLEOD III

APR - 7 2011

EXAMINER



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SECRETARY OF STATE

LAW OFFICES

HANSEN & HUBBARD

DALE R. HANSEN BRUCE A. HUBBARD P.O. Box 580 Sturgis, SD 57785-0580

Telephone: (605) 347-2551 FAX: (605) 347-4466

Email addresses: dale@hanslaw-sturgis.com bruce@hanslaw-sturgis.com

mail@hanslaw-sturgis.com

April 1, 2011

Physical Address: 1010 Ball Park Road, Suite 6 Sturgis, South Dakota

Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314

Re:

Logan Lamphere Consulting, LLC

Dear Sir or Madam:

I represent Logan Lamphere Consulting, LLC, organized under the laws of the State of South Dakota.

Logan Lamphere, the sole member/manager of Logan Lamphere Consulting, LLC, desires to apply for authorization as a Foreign Limited Liability Company in order to transact business in Florida.

On behalf of Logan Lamphere, I enclose the following:

- Certificate of Existence from the State of South Dakota.
- Cover Letter, Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida, and the Certificate of Designation of Registered Agent/Registered Office.
- Check payable to the Florida Department of State in the amount of \$125.00 for the filing fee/designation of registered agent.
- Check payable to the Florida Department of State in the amount of \$5.00 for a Certificate of Status for the LLC.

If the enclosed documentation meets with your approval, please register Logan Lamphere Consulting, LLC to transact business in the State of Florida. Please send the acknowledgement/copy of the filed Articles, along with a Certificate of Status to Logan Lamphere, as indicated in the Cover Letter.

Thank you for your considerations.

Yours truly,

Ďale R. Hanséri

DRH:dlp Enclosures.

State of South Bakota



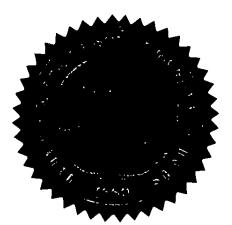
OFFICE OF THE SECRETARY OF STATE

Certificate of Existence Limited Liability Company

ORGANIZATIONAL ID #: DL024227

I, Jason M. Gant, Secretary of State of the State of South Dakota, do hereby certify that LOGAN LAMPHERE CONSULTING, LLC was duly organized under the laws of this state on March 29, 2011 for a perpetual term of existence.

I, further certify that said Limited Liability Company has complied with the laws of this State relative to the formation of Limited Liability Companies of its kind and is now a regularly and properly organized and existing Limited Liability Company under the laws of this State and is in good standing, as shown by the records of this office. The annual report required by law has been filed with our office and articles of termination have not been filed. This certificate is not to be construed as an endorsement, recommendation or notice of approval of the Limited Liability Company's financial condition or business activities and practices. Such information is not available from this office.



IN TESTIMONY WHEREOF, 1 have hereunto set my hand and affixed the Great Seal of the State of South Dakota, at Pierre, the Capital, this March 29, 2011

Jason M. Gant Secretary of State

COVER LETTER

| TO: Registration Section Division of Corporations | | | |
|---|---|--|--|
| SUBJECT: Logan Lamphere Consulting, LLC Name of Limited Liability Company | | | |
| | • • • | | |
| The enclosed "Application by Foreign Limited Liabili Existence, and check are submitted to register the abo | ity Company for Authorization to Transact Business in Florida," Certificate of ve referenced foreign limited liability company to transact business in Florida | | |
| Please return all correspondence concerning this matter | er to the following: | | |
| Logan Lamphere | | | |
| | Name of Person | | |
| | Firm/Company | | |
| | | | |
| 118 N. Thornton Avenue | | | |
| | Address | | |
| Orlando, FL 32801 | | | |
| | City/State and Zip Code | | |
| LLampher@hotmail.com | m | | |
| E-mail address: (to | m be used for future annual report notification) | | |
| For further information concerning this matter, please | call: | | |
| Logan Lamphere | _{at (} 605) 490-0732 | | |
| Name of Person | Area Code & Daytime Telephone Number | | |
| Division of Corporations Registration Section | STREET ADDRESS: Division of Corporations Registration Section | | |
| Tallahassee, FL 32314 | Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 | | |
| Enclosed is a check for the following amount \$\int\\$ | & \$\infty\$155.00 Filing Fee & \$\infty\$160.00 Filing Fee, Certificate | | |

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

| 1. Logan Lamphere Consulting, LLC |
|---|
| (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.") |
| (If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the writt consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Company," "L.L.C," "LLC.") |
| 2. South Dakota 3. 45-1344588 |
| (Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized) |
| 4. <u>March 29, 2011</u> 5 Perpetual |
| (Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual") |
| 6. Date of Registration |
| (Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability) |
| 7. 118 N. Thornton Avenue |
| Orlando, FL 32801 |
| (Street Address of Principal Office) |
| 8. If limited liability company is a manager-managed company, check here |
| 9. The name and usual business addresses of the managing members or managers are as follows: |
| Logan Lamphere |
| 118 N. Thornton Avenue |
| Orlando, FL 32801 |
| 10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records i |
| the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a |
| translation of the certificate under oath of the translator must be submitted.) |
| 11. Nature of business or purposes to be conducted or promoted in Florida: To provide training and change management consulting services to organizations implementing |
| Enterprise Resource Planning and/or related business software systems, such |
| as SAP. |
| Signature of a member or an authorized representative of a member. |
| (In accordance with section 608.408(3), F.S., 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 for in s.817.155, F.S.) |
| Logan Lamphere |

Typed or printed name of signee

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

| 1. The name of the Limited Liability Company is: | |
|--|--|
| Logan Lamphere Consulting, LLC | |
| If unavailable, the alternate to be used in the state of Florida is: | |
| 2. The name and the Florida street address of the registered agent and office are: | |
| Logan Lamphere | |
| (Name) | |
| 118 N. Thornton Avenue | |
| Florida Street Address (P.O. Box NOT ACCEPTABLE) | |
| Orlando _{FL} 32801 | |
| 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 am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, Florida Statutes.

(Signature)

\$ 100.00 Filing Fee for Application
 \$ 25.00 Designation of Registered Agent
 \$ 30.00 Certified Copy (optional)
 \$ 5.00 Certificate of Status (optional)