

L00000006611

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

SUBJECT: Absolute I.T. Solutions LLC.
(Proposed limited liability company name - must include suffix)

Enclosed is an original and one (1) copy.

Filing fee for articles of organization of Florida Limited Liability Company:

\$100.00 Filing fee for Articles of Organization
\$ 25.00 Designation of Registered Agent

A letter of acknowledgement will be issued free of charge upon filing. Please submit an additional \$5 if a certificate of status is needed. The fee for a certified copy is \$30.

Please send one check for the total amount made payable to the Florida Department of State.

FILED
00 JUN -5 PM 4:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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-06/05/00--01124--010
****160.00 ****160.00

FROM: Arnold S Goldberg
Name (Printed or typed)

805 Ambassador
Address

Tampa FL 33613
City, State & Zip

813-968-1013
Daytime Telephone number

L00-6611
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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Absolute IT solutions LLC

ARTICLE II - Address:

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

805 Ambassador lp
Tampa, FL 33613

ARTICLE III - Registered Agent

The name and street address of the initial registered agent are:

Arnold Goldberg
805 Ambassador lp
Tampa, FL 33613

ARTICLE IV - Management:

(Check the appropriate box)

- ☐ The Limited Liability Company is to be a manager-managed company.
☒ The Limited Liability Company is to be managed by the members.

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TALLAHASSEE, FLORIDA



Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this affidavit constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Arnold Goldberg

Typed or printed name of signee

Filing Fee: \$100.00 for Articles

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: Absolute IT Solutions LLC

2. The name and the Florida street address of the registered agent are:

Arnold S Goldberg
NAME
805 Ambassador 1P
Florida street address (P.O. Box **NOT** ACCEPTABLE)
Tampa FL 33613
CITY, STATE AND ZIP

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TALLAHASSEE, FLORIDA

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 proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.


SIGNATURE

Filing Fee: \$25 for Designation of Registered Agent