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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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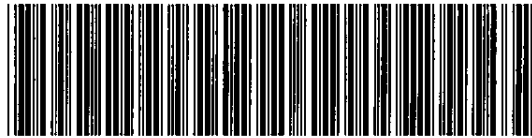
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS
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J. BRYAN

FEB 12 2008

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DATASEMBLE, LLC
(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:

ERNESTO CABELLO

(Name of Person)

(Firm/Company)

960 CORAL RIDGE DR. APT 302

(Address)

CORAL SPRINGS FL 33071

(City/State and Zip Code)

For further information concerning this matter, please call:

ERNESTO CABELLO

(Name of Person)

at (954) 592-5458

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☒ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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

Street/Courier Address
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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**Articles of Organization
For
Florida Limited Liability Company**

Article I

The name of the Limited Liability Company is:

DATASEMBLE, LLC

Article II

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

9877 NW 25TH COURT
SUNRISE, FL. US 33322

The mailing address of the Limited Liability Company is:

9877 NW 25TH COURT
SUNRISE, FL. US 33322

Article III

The purpose for which this Limited Liability Company is organized is:

ANY AND ALL LAWFUL BUSINESS.

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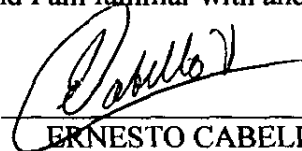
Article IV

The name and Florida Street address of the registered agent is:

ERNESTO CABELLO
960 CORAL RIDGE DR
APT 302
CORAL SPRINGS, FL 33071

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.

Registered Agent Signature:


ERNESTO CABELLO

Article V

The name and address of managing members/managers are:

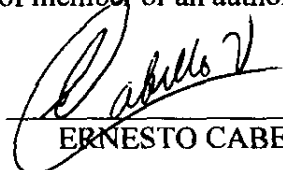
Title: MGRM
CHRISTOPHER ANDY
9877 NW 25 TH COURT
SUNRISE, FL 33322 US

Title: MGRM
ERNESTO CABELLO
960 CORAL RIDGE DR
APT 302
CORAL SPRINGS, FL 33071 US

Title: MGRM
MARK SANTORA
8406 W SAMPLE ROAD
APT 129
CORAL SPRINGS, FL 33065 US

Signature of member or an authorized representative of a member

Signature:


ERNESTO CABELLO

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