Requester's Name Address F. James City/State/Zip P	18600 AVD. 18600 AVD. 14, H. 33986 hohe#	2000046967433 -11/28/0101041006 ****160.00 ****160.00
	<u> </u>	Office Use Only
CORPORATION NAME(S) & I	OOCUMENT NUMBER(S), (if	known):
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(Corporation Name)	(Document #)	
☐ Walk in ☐ Pick up ti	me	Certified Copy
☐ Mail out ☐ Will wait	☐ Photocopy	Certificate of Status
NEW FILINGS	AMENDMENTS	
 □ Profit □ Not for Profit □ Limited Liability □ Domestication □ Other 	Amendment Resignation of R. Change of Regist Dissolution/With Merger	
OTHER FILINGS	REGISTRATION/Q	UALIFICATION
Annual Report Fictitious Name	Foreign Limited Partnersl Reinstatement Trademark Other	nip (1-)
		Examiner's Initials

CR2E031(7/97)



FLORIDA DEPARTMENT OF STATE

Katherine Harris Secretary of State

December 3, 2001

LOWELL JOHNSON 4021 GALT ISLAND AVENUE ST. JAMES CITY, FL 33956

SUBJECT: IDEA-TECHNOLOGY.COM, LLC

Ref. Number: W01000027474

We have received your document for IDEA-TECHNOLOGY.COM, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

In article I you must list the name of the Limited Liability Company.,

The document must contain both the street address of the principal office and the mailing address of the entity.

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6020.

Tammi Cline Document Specialist

Letter Number: 001A00063899

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company is:	
DEA-TECHNOLOGY.COM, LLC	
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Comparatory 4021 GALT ISLAND AVENUE ST JAMES CITY, FL 33956 ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:	ny is:
The name and the Florida street address of the registered agent are: Lower E. Johnson IDEA - Technology Com Libes Name	OI DEC 20 SECRETARY
Florida street address (P.O. Box NOT acceptable) ST JAMES City FL 33956 City, State, and Zip	PH 2: 23
Having been named as registered agent and to accept service of process for the above stated is 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 provision statutes relating to the proper and complete performance of my duties, and I am familiar with accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Registered Agent's Signature Article IV - Management (Check box if applicable.) The Limited Liability Company is to be managed by one manager or more managers and service of process for the above stated is liability.	ns of all and
therefore, a manager - managed company.	

(An additional article must be added if an effective date is requested)

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

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

LOWELL E. JOHNSON

Typed or printed name of signed

Filing Fees:

\$100.00 Filing Fee for Articles of Organization

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)