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Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850) 205-0383

From:
Account Name : A 1 A CORPORATE SERVICES, INC.
Account Number : I20010000247
Phone : (305) 673-0347
Fax Number : (305) 532-0738

DIVISION OF CORPORATION

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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LIMITED LIABILITY COMPANY

CompTech Solutions Ltd. Co.

Certificate of Status	0
Certified Copy	0
Page Count	02
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JB
9-30-02

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ARTICLES OF ORGANIZATION FOR A FLORIDA LIMITED LIABILITY COMPANY

In compliance with Chapter 608, F.S.

ARTICLE I NAME

The name of the Limited Liability Company is:
CompTech Solutions Ltd. Co.

ARTICLE II ADDRESS

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

5600 NW 15 Street, #7
Lauderhill, FL 33313

**ARTICLE III REGISTERED AGENT, REGISTERED OFFICE &
REGISTERED AGENT SIGNATURE**

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

Maurice S. Graham
5600 NW 15 Street, #7
Lauderhill, FL 33313

Having been named as registered agent 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, F.S.

M/S/G

Registered Agent's Signature

ARTICLE IV MANAGEMENT

The Limited Liability Company is to be managed by one member or more members and is, therefore, member - managed company.

ARTICLE V MEMBERS (optional)

Managing Member :
Maurice S. Graham
5600 NW 15 Street, #7
Lauderhill, FL 33313

Managing Member :
Dawn Graham
5600 NW 15 Street, #7
Lauderhill, FL 33313

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PAGE 2 CompTech Solutions Ltd. Co.

M. Graham

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.

Maurice Graham

Typed or printed name of signee

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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