

Division of Corporations

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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) 674-3313  
Fax Number : (305) 674-3359

03 JUN 20 AM 9:31  
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03 JUN 20 AM 9:29  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
DIVISION OF CORPORATION

**LIMITED LIABILITY COMPANY**

**MDW. Basic Computer Repair, LLC**

|                       |          |
|-----------------------|----------|
| Certificate of Status | 0        |
| Certified Copy        | 0        |
| Page Count            | 02       |
| Estimated Charge      | \$125.00 |

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*Handwritten signature/initials*

Thursday, June 19, 2003 5:30 PM

MARGARET WATSON 8505767540

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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:

**MDW. Basic Computer Repair, LLC**

**ARTICLE II ADDRESS**

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

**P.O BOX 528**

**MIDWAY, FL 32343**

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

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

**MARGARET WATSON**

**955 E BRICKYARD**

**MIDWAY, FL 32343**

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..

  
MARGARET WATSON/Registered Agent's Signature

**ARTICLE IV MANAGEMENT**

The Limited Liability Company is to be managed by one MEMBER OR MORE MEMBERS and is, therefore a, member managed company.

**ARTICLE V MEMBERS (optional)**

Member:

**MARGARET WATSON**

**P.O BOX 528**

**MIDWAY, FL 32343**

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*Margaret Watson*

Signature of a member or an authorized representative of a member.  
(In accordance with section 606.408(3), Florida Statutes, the execution of this document  
constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

MARGARET WATSON

Typed or printed name of signee

APPROVED  
AND  
FILED

03 JUN 20 AM 9:31

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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