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(Requestor's Name)				
(Address)				
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(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified CopiesCertificates of Status	_			
Special Instructions to Filing Officer:				





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UIVISION OF CORPORATIONS

TRANSMITTAL LETTER

	stration Section sion of Corporations	
SUBJECT:	(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:	
	Steven m. Kleinbeigen	
	(Name of Person)	
	Smk Accounting Services INC.	_ 😊
•	(Firm/Company)	O4 MAR
	1411 EL CAJOS COURT	易器
	(Address)	+ B COF
	Winter Springs; FL. 32708	REPORATION PH 12: 5
	(City/State and Zip Code)	55
For further in	formation concerning this matter, please call:	- is
Sleve	(Name of Person) at (407) 971-2764 (Area Code & Daytime Telephone Number)	un

STREET ADDRESS:

Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399 MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

ONSITE Computed Soluti	one of Florino, LLC
ARTICLE II - Address: The mailing address and street address of the prin	cipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
1635 Bomi Circle	1635 Bomi Circle
Winter Park; FL. 32733	Winser Park; FL. 32763 =
ARTICLE III - Registered Agent, Registered Control The name and the Florida street address of the registered Agent.	gistered agent are:
Name	
1411 EL CAJON	COURT
Florida street address (P.O.)	Box NOT acceptable)
· revined string	72708

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 as provided for in Chapter 608, Florida Statutes..

Registered Agent's Signature

Page 1 of 2 (CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

"MGR" = Manager	Name and Address:	. •
"MGRM" = Managing Member		
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(Use attachment if necessary)		79
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NOTE: An additional article mus	st be added if an effective date is requested.	
	•	
REQUIRED SIGNATURE:	4	
(again & celt	li los	
	an authorized representative of a member.	3. 一
(In accordance with section	n 608.408(3), Florida Statutes, the execution	
of this document constitute that the facts stated herein	s an affirmation under the penalties of perjury are true.)	
Typed	OFS - VAGES or printed name of signee	- 4 2 4 三 五時報や

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)

3.2 Principles

The following individuals comprise the initial ownership group of Onsite computer Solutions of Florida, LLC and also represent the initial Officers of the company.

Robert Berardi maRm 16012 Lanesboro Court Clermont, FL 34711 407-654-8262 SSN:

Jaime Valdes-Pages MGRM 1635 Borni Circle Winter Park, FL 32733 407-679-6772 SSN:

Robert Spiteri merm 13731 Sunshowers Circle Orlando, FL 32828 407-281-7650 SSN

Adam Ziniewicz mapin 32426 Wolfbranch Lane Sorrento FL 32776 352-735-1892 SSN: 1

Kenneth Gubera moRm 916 Seneca Falls Drive Orlando, FL 32828 407-282-0558 SSN.