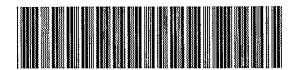
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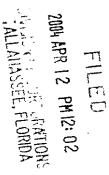
R Mo Jos - 15376. SW 32 Terrace - Miami, FL, 33185				
PICK-UP		MAIL.		
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TRANSMITTAL LETTER

TO: Registration Section Division of Corporations			
SUBJECT: ITEK Network Solutions L.L. (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:			
Ramon J. Matos			
Itek Network Solutions 750 & S			
15376 SW 32 Terrace			
Miami, FL, 33185 (City/State and Zip Code)			
For further information concerning this matter, please call:			
Ramon T Watos at 305 222 - 6104 (Name of Person) (Area Code & Daytime Telephone Number)			
·			

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:

Mark 12 PAID: 02

ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:	
Principal Office Address: Mailing Address:	eren d
15376 SW 32 Terrace 15376 SW 32 Terrace	
Miami, FL 33185 Miami, FL, 33185	.
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: The name and the Florida street address of the registered agent are: Ramon J Matos	المعتبر والمستعدد والمستعد والمستعدد والمستعدد والمستعدد والمستعدد والمستعدد والمستعد
15376 SW 32 Tevrace Florida street address (P.O. Box NOT acceptable)	^= १ र्में स्ट्रिक्ट में म्ह्र्डिन
Micmi FLORIDA 33185 City, State, and Zip	
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	

Page 1 of 2 (CONTINUED)

Registered Agent's Signature

The name and address of each Manager		All Colon
<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:	THE SECTION OF
MGR	Ramon J Matos 15376 SW 31 Terro Mami, FL, 3318	
		
(Use attachment if necessary)		
NOTE: An additional article must be	added if an effective date is requested.	
REQUIRED SIGNATURE:		
(In accordance with section 608, of this document constitutes an a that the facts stated herein are transcription.)	408(3), Florida Statutes, the execution affirmation under the penalties of perjury ue.)	esson—

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)