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(Re	equestor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e#)
PICK-UP	TIAW	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	
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TRANSMITTAL LETTER

TO: Registration Section Division of Corporations			
SUBJECT: BM Computer Source, LLC			
(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:			
Mandy Morreale			
(Name of Person)			
BM Computer Source, LLC			
(Firm/Company)	TAL	· 2	
18800 Sugarberry Lane	AF.		77
(Address)	ASS	28	-
Spring Hill, FL 34610	1.33 1.03 1.03 1.03 1.03 1.03 1.03 1.03	AM 11: 2	
(City/State and Zip Code)		. =	€
For further information concerning this matter, please call:	ORIDA	2	
Mandy Morrealeat (727) 856-2733			
(Name of Person) (Area Code & Davtime Telephone Num	ner)		. •

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:		
BM Computer Source, LLC		
ARTICLE II - Address: The mailing address and street address of the princ	ipal office of the Limited Liability Company is	ĸ
Principal Office Address:	Mailing Address:	
18800 Sugarberry Lane	18800 Sugarberry Lane	
Spring Hill, FL 34610	Spring Hill, FL 34610	
ARTICLE III - Registered Agent, Registered O	ffice & Degistered Agent's Signature	
The name and the Florida street address of the regi		
Mandy Morreale	155 F	*
Name	Time and the second	****
18800 Sugarberry Lane	ox NOT acceptable)	
Florida street address (P.O. B	ox NOT acceptable)	
Spring Hill	FLORIDA 34610	
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..

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:

<u>Title:</u> "MGR" = Manager	Name and Address:		
"MGRM" = Managing Member			
MGR	Mandy Morreale		
	18800 Sugarberry Lane	•	
	Spring Hill, FL 34610	•	
MGR	Robert Morreale		
	18800 Sugarberry Lane	•	
	Spring Hill, FL 34610		
MGR	Larry Neville		
	15225 70th Trail North		
	Palm Beach Gardens, FL 33418		
(Use attachment if necessary)		• •	
	added if an effective date is requested.	04 JUL 28	
	<u>ے ش</u>	7	7
REQUIRED SIGNATURE:	<u> </u>	==	2 ************************************
Signature of a member or an au	athorized representative of a member.	2	***************************************
	408(3), Florida Statutes, the execution ffirmation under the penalties of perjury e.)		

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)

Typed or printed name of signee