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J. BRWAN OCT 1 9 2004

## TRANSMITTAL LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Integrated Computing Services, LLC (Name of Limited	d Liability Company)	<del></del>
The enclosed Articles of Organization and fee(s) are so	ubmitted for filing.	
Please return all correspondence concerning this matter	r to the following:	
Scotty W. Barnes	Name of Person)	
,,	tune of Forsony	
Integrated Computing Services, LLC	Firm/Company)	7 7
V	Titub Company)	E ST
10901 Brighton Bay BLVD NE, #8204	(Address)	ASSET
	(Address)	TROW OCT 18 PM 2: CORDATIONS
St. Petersburg, FL 33716	State and Zip Code)	
(City)	State and Zip Code)	
For further information concerning this matter, please	call:	
Scotty W. Barnes (Name of Person)	at (727 215 - 5029 (Area Code & Daytime Te	lephone Number)
Enclosed is a check for the following amount:		
□ \$125.00 Filing Fee □ \$130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399	MAILING AI Registration So Division of Co P.O. Box 6327 Tallahassee, Fl	ection rporations

### LIMITED LIABILITY COMPANY

#### ARTICLES OF ORGANIZATION

First: The name of the limited liability company is Integrated Computing Services, LLC.

Second: The mailing and street address of the principal office in the state of Florida is:

### **Principal Office Address:**

10901 Brighton Bay Boulevard, NE, No. 8204

St. Petersburg, FL 33716

Mailing Address:

PO Box 20592 St. Petersburg, FL 33742

Third: The name and street address of the registered is:

**Scotty Barnes** 1090 Brighton Bay Boulevard, NE, No. 8204 St. Petersburg, Florida 33716

Having been names as registered agent and to accept services 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 am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, Florida Statutes.

an-Scotty Barnes, Chief Executive Manager

Four: The company shall be managed by Managers. The names and addresses of managers are as follows:

Scotty Barnes

1090 Brighton Bay Boulevard, NE, No. 8204

St. Petersburg, Florida 33716

Gary Holcomb

1090 Brighton Bay Boulevard, NE, No. 8204

St. Petersburg, Florida 33716

Fifth: The managers have not addressed additional matters.

Sixth: Certificate of Acceptance of Appointment of Resident Agent:

I, Scotty Barnes, hereby accept appointment as Resident Agent for the above named limited liability company.

Scotty Barnes

Typed Name