

Division of Corporations

LOS 000007504

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H05000019128 3)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

RECEIVED

05 JAN 24 PM 2:29

DIVISION OF CORPORATIONS

Division of Corporations
Fax Number : (850) 205-0383

Account Name : HUBCO
Account Number : 104662003400
Phone : (516) 935-3940
Fax Number : (516) 935-3088

LIMITED LIABILITY COMPANY

Accurate Computer Consulting LLC

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$130.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2005 JAN 24 AM 9:59

FILED

Electronic Filing Menu

Corporate Filing

Public Access Help

LOS-7504
OK

ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name

The name of the Limited Liability Company is: **Accurate Computer Consulting LLC**

ARTICLE II - Address

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

Principal Office Address:Mailing Address:

711 Ashford Oaks Drive #104

711 Ashford Oaks Drive #104

Altamonte Springs, FL 32714

Altamonte Springs, FL 32714

ARTICLE III - Registered Agent, Registered Office & Registered Agent's Signature

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

Lennie Williams

Name

520 Ventris Court

(P.O. Box or Mail Drop Box NOT Acceptable)

Maitland, FL 32751

(City / State / 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, F.S.

Lennie Williams

Registered Agent's Signature - Lennie Williams

RECEIVED
CLERK OF STATE
TREASURY
TALLAHASSEE, FLORIDA

NOV 24 AM 9:59

FILED

ARTICLE IV - Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:MGRMRandall Williams- 711 Ashford Oaks Drive #104, Altamonte Springs, FL 32714MGRMDeborah Overstreet- 711 Ashford Oaks Drive #104, Altamonte Springs, FL 32714

(Use attachment if necessary)

REQUIRED SIGNATURE:


 Signature of a member or authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Randall Williams

Typed or printed name of signee

FILED
 2005 JAN 24 AM 9:59
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA