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OS JUN 17 PH 2: 14
SECRETARY OF STATE
TALLAHASSEE, FLORID

TRANSMITTAL LETTER

TO: Registrat Division					-			
SUBJECT: Hea	ad Star	t Computing LLC. (Name of Limited	I Liability Co	ompany)		<u> </u>		ea.
		(Maine of Dimited	i Liaomity Co	mpany)				
The enclosed Arti	icles of	Organization and fee(s) are su	ibmitted for f	îling.				
Please return all c	orrespo	ndence concerning this matte	r to the follov	ving:				
Ka	lisha K	aith						
<u></u>	IISHA K		Name of Person	1)		-		
		·						
Head Start Co	mputin		Firm/Company	<u> </u>				
		·		-				
0000	C) M (O O	th Diago						
9308	200 89	th Place	(Address)					
			(11441055)		·		<i>a</i>	
						E E	<u>5</u>	
	Gaine	sville, Florida 32608				도준	≣	-11
		(City/	State and Zip	Code)		ASS.	=	=
							2	FILED
For further inform	nation c	oncerning this matter, please	call:			70	12	
Kalisha Keith			at (352	871-2595		율골	=	
Kalisita Keldi	(Name	of Person)		Code & Daytime Te	lephone Number)	> ``	, –	-
Enclosed is a ch	eck for	the following amount:						
☑ \$125.00 Filing	g Fee	☐ \$130.00 Filing Fee &	□ \$155.0	0 Filing Fee &	□ \$160.00 F	iling Fee	,	
		Certificate of Status	Certified (• -	Certificate of			
			(additional o	copy is enclosed)	Certified Cop (additional copy)	
					,		-	
STREET ADDRESS:			MAILING A					
Registration Section				Registration S				
Division of Corporations 409 E. Gaines Street				Division of Co P.O. Box 6327				
409 E. Gaines Street Tallahassee, Florida 32399				Tallahassee, F				

Date: 6/16/2005

To: . Division of Corporations From: Head Start Computing

LLC Articles of Organization

To Whom It May Concern:

Attached are Articles of Corporation for Head Start Computing LLC. Please feel free to contact me with the information provided below if further assistance is needed.

Respectfully Submitted,

Head Start Computing LLC 9308 SW 89th Place

Gainesville, Florida 32608

352-495-0780

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:				
lead Start Computing LLC.		<u> </u>		_
ARTICLE II - Address: The mailing address and street address of the pri	incipal office of the Limited Liabilit;	y Com	pany	is:
Principal Office Address:	Mailing Address:	. ~		
9308 SW 89th Place	KAME		-	
Gainesville, Florida 32608	<u> </u>			
				•
ARTICLE III - Registered Agent, Registered	Office, & Registered Agent's Sign	iature:	;	
The name and the Florida street address of the re	egistered agent are:	Zs.	9	
Kalisha Keith			ST See	
Name		E E	Z	7
9308 SW 89th Place		SSE	=	
Florida street add	ress (P.O. Box <u>NOT</u> acceptable)	m S	3	Ü
Gainesville, Florida 32608	-FL	0=	Ÿ	
City, State, a	nd Zip	登台	5	
Having been named as registered agent and to a liability company at the place designated in the registered agent and agree to act in this capacity statutes relating to the proper and complete per accept the obligations of my position as regis Kalisha Keith Registered Agent's	his certificate, I hereby accept the app). I further agree to comply with the p rformance of my duties, and I am fam	ointme rovisio iliar wi	ent as ons of ith an	all

(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	
MGRM	Kalisha Keith
	9308 SW 89th Place Gainesville, Florida 32608
· · · · · · · · · · · · · · · · · · ·	
(Use attachment if necessary)	

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:

Signature of a member or an 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.)

Kalisha Keith

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

OS JUN 17 PM 2: 15 SECRETARY OF STATE