

LO5000066464

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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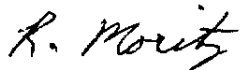
LO5-66464  
OK

Registration Section  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314  
6/27/05

Robert Moritz  
4 Rockwell Ln.  
Palm Coast, FL 32164  
386-237-0099

This letter is a request to file Articles of Organization in the state of Florida in the county of Flagler for the company name of Computer Doctor, LLC

Thank you



Robert Moritz  
Owner

2005 JUN 28 PM 4:00  
CLERK OF COURT  
FLAGLER COUNTY  
JUL 1 2005

## TRANSMITTAL LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: COMPUTER DOCTOR, 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:

ROBERT W. MORITZ  
(Name of Person)

COMPUTER DOCTOR, LLC  
(Firm/Company)

4 ROCKWELL LN.  
(Address)

PALM COAST, FL 32164  
(City/State and Zip Code)

For further information concerning this matter, please call:

ROBERT MORITZ at (386) 237-0099  
(Name of Person) (Area Code & Daytime Telephone 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 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:

COMPUTER DOCTOR, 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:**

COMPUTER DOCTOR, LLC  
4 ROCKWELL LN  
PALM COAST, FL 32164

SAME

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

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

ROBERT W. MORITZ  
Name

4 ROCKWELL LN  
Florida street address (P.O. Box **NOT** acceptable)

PALM COAST FL 32164  
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, F.S..*

R. Moritz  
Registered Agent's Signature

(CONTINUED)

**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:**

MGR

ROBERT W. MORITZ  
4 ROCKWELL LN  
PALM COAST, FL 32164

MGRM

DEANNE E. MORITZ  
4 ROCKWELL LN  
PALM COAST FL 32164

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(Use attachment if necessary)

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

**REQUIRED SIGNATURE:**

R. Moritz  
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.)

ROBERT MORITZ  
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)**