# L0500068345

(Requestor's Name)		
(Address)		
(Address)		
(Cit	y/State/Zip/Phone	<i>:#</i> )
PICK-UP	☐ WAIT	MAIL
(Business Entity Name)		
(Document Number)		
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SECRETARY OF STATE DIVISION OF CORPORATIONS

## TRANSMITTAL LETTER

TO:

Registration Section

**Division of Corporations** 

SUBJECT:

General Computer Services Group, LLC

DATE:

June 29, 2005

The enclosed Articles of Organization and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following:

### William MacBride Jr.

(Name of Person)

### General Computer Services Group, LLC

(Firm/Company)

#### 242 E. Lamb Drive

(Address)

### Santa Rosa Beach, Fl 32459

(City/State and Zip Code)

For further information concerning this matter, please call:

William MacBride at (404) 315-1972

Enclosed is a check for the following amount: \$125.00 Filing Fee

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:

# General Computer Services Group, 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:

242 E. Lamb Dr.

242 E. Lamb Dr.

Santa Rosa Beach, FL 32459

Santa Rosa Beach, FL 32459

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

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

William MacBride Jr. 242 E. Lamb Dr.

Santa Rosa Beach, FL 32459

VISION OF CORFORATIONS .

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..

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:

Managing Member William MacBride Jr. 242 E. Lamb Drive Santa Rosa Beach, FL 32459

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.)

William MacBride Jr.

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)