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(Re	equestor's Name)	
(Ad	dress)	
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(Cit	ry/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
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TRANSMITTAL LETTER

TO: Registration Sec Division of Cor			
SUBJECT: Kappa Co	omnuter Systems II.C		
SORDECT: Kabba oc		d Liability Company)	
	`	• • •	
The enclosed Articles of	Organization and fee(s) are su	ubmitted for filing.	
Please return all correspo	ondence concerning this matte	r to the following:	
Chad Str			
	(1	Name of Person)	
			9 2
Kappa Computer Sys		Firm/Company)	
	()	rinin Company)	2005-JUL-6 PM 1:53 JILLAHASSEE, FLORID
			Bro o r
5214 Hawks	tone Dr		
		(Address)	万 第二
			087 53
Sanfo	rd, FL 32771		97. ·
	(City/	State and Zip Code)	*
	e ate a t	TI.	
For further information of	concerning this matter, please	cair:	
Chad Strader		at (407) 331-5921	
(Name	of Person)	(Area Code & Daytime To	elephone Number)
Enclosed is a check fo	r the following amount:		
☐ \$125.00 Filing Fee	☐ \$130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$\overline{\pi}\$ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Regist	ET ADDRESS: ration Section on of Corporations	MAILING A Registration S Division of C	Section

P.O. Box 6327

Tallahassee, Florida 32314

409 E. Gaines Street

Tallahassee, Florida 32399

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	•
The name of the Limited Liability Company is:	
Kappa Computer Systems, LLC	
ARTICLE II - Address:	
	ncipal office of the Limited Liability Company is:
· · · · · · · · · · · · · · · · · · ·	
Principal Office Address:	Mailing Address:
5214 Hawkstone Dr	5214 Hawkstone Dr
Sanford, FL 32771	Sanford, FL 32771
ARTICLE III - Registered Agent, Registered	Office & Registered Agent's Signafura
ANTICLE III - Neglitered Agent, Neglitered	FA L
The name and the Florida street address of the re	egistered agent are:
Chad Strader	Fre T
Name	T. 54
5214 Hawkstone Dr	NO PER
<u> </u>	ress (P.O. Box NOT acceptable)
Sanford, FL 32771	
City, State, a	FL ad Zip
,, ···	A

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:

MGRM		Chad Strader
		5214 Hawkstone Dr
		Sanford, FL 32771
	<u></u>	
		ALGA HE TO SEE PE
	<u> </u>	
		SFE PLOATING
	- · · ·	
Use attachment i	C X	

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.)

Chad Strader

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)