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SECRETARY OF STATE DIVISION OF CORPORATIONS



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

September 28, 2005

KRISTOPHER J. JANSMA 11767 SO. DIXIE HIGHWAY SUITE 298 MIAMI, FL 33156

SUBJECT: TECH MASTERS, LLC Ref. Number: W05000044842

We have received your document for TECH MASTERS, LLC and your check(s) totaling \$128.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

A Limited Liability Company cannot file a Domestication. Enclosed are the proper forms for filing a Limited Liability Company.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6067.

Neysa Culligan Document Specialist

Letter Number: 405A00059202

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:
(Must end with the words "Limited Liability Company, "Limited Company" or their abbreviation "LLC," or "L.C.,")
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:
Principal Office Address: Mailing Address:
11767 So. Dixie Hoy Suite 298 Hiami, FL 33156 Miami, FL 33156
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)
The name and the Florida street address of the registered agent are:
Kristopher Jansma
11767 So Dixo Hwy Suite 298 Florida street address (P.O. Box NOT acceptable)
Miamu FL 33156 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

s Signature (REQUIRED)

(CONTINUED) Page 1 of 2

<u>Title:</u> "MGR" = Mana "MGRM" = Ma	iger maging Member	Name and Address:
MGRM		Kristopher Johana 11767 So. Dixie Huy, Svite Mand FL 33156
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LE V: Effective fective date is li	date, if other than	the date of filing: (OPTIONAL) st be specific and cannot be more than five business days pri
LE V: Effective fective date is li days after the o	date, if other than sted, the date mu late of filing.)	st be specific and cannot be more than five business days pri
(Use attachmen LE V: Effective fective date is li days after the c	date, if other than sted, the date mulate of filing.) IGNATURE: Signature of a mulate of this document of this document of that the facts states.	the date of filing:

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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The name of the Limited Liability Company is:

(Must end with the words "Limited Liability Company, "Limited Company" or their abbreviation "LLC," or "L.C.,")

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

11767 So. Dix ie How
Sorte 298
HIGHER FL 33151
HIGHER FL 33151

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Name C T

11767 So Dixa Hay Suite 248

Florida street address (R.O. Roy NOT acceptable)

Mom FL 33156
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..

Registered Agent's Signature (REQUIRED)

(CONTINUED) Page 1 of 2

<u>Title:</u> "MGR" = Manage: "MGRM" = Manage:		Name and Address:		
MGRM	_	Kristophor Johana 11767 So. Dixie How Mand FL 33156	H. Suit	<u></u>
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(Use attachment if	necessary)			
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