L0600030197

| (Requestor's Name) |
|--|
| (ivequestors Name) |
| (Address) |
| (Audiess) |
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| (City/State/21p/Filone #) |
| PICK-UP WAIT MAIL |
| |
| (Business Entity Name) |
| (Business Entry Name) |
| (Document Number) |
| (Southone, Manuelly |
| Certified Copies Certificates of Status |
| Definited Copies Scientification of Smiles |
| |
| Special Instructions to Filing Officeft |
| 1 (Jxn) |
| |
| |
| 1 |
| |
| H Lic |

Office Use Only



100067772531

03/16/06--01039--017 **160.00

SECherist - SIAI

FILED

COVER LETTER

| TO: Registration Section Division of Corporations | | | |
|---|--------------------------------|---|--|
| SUBJECT: CMH COMPUT | ER SERVICE | ES | |
| | Name of Limited Lia | | |
| The enclosed Articles of Organization | and fee(s) are submi | tted for filing. | |
| Please return all correspondence conce | erning this matter to t | the following: | |
| COLIN HUTCHINS | SON | | |
| | (Name | e of Person) | |
| CMH COMPUTER | SERVICES | LLC | |
| | (Firm/ | (Company) | |
| 8710 SHERMAN | CIRCLE N | ORTH, #308 | |
| | (A | ddress) | |
| MIRAMAR, FLOI | RIDA, 3302 | 25 | |
| | (City/State | and Zip Code) | |
| For further information concerning this | s matter, please call: | | |
| COLIN HUTCHINSON | at (| 305) 509 - 22 | 256 |
| (Name of Person) | | (Area Code & Daytime Te | |
| Enclosed is a check for the following | ng amount: | | |
| \$125.00 Filing Fee \$130.00 Certificate | of Status Ce | \$155.00 Filing Fee & ertified Copy ditional copy is enclosed) | \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
| Mailing Ad Registration Division of P.O. Box 63 Tallahassee | Section Corporations 327 | Street/Courier Address Registration Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301 | ns |

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| is: |
|--|
| |
| imited Company" or their abbreviation "LLC," or "L.C.,") |
| e principal office of the Limited Liability Company is: |
| Mailing Address: |
| 8710 SHERMAN CIRCLE NORTH |
| |

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.)

MIRAMAR, FLORIDA, 33025

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

MIRAMAR, FLORIDA, 33025

| COLIN HUTCHINSON |
|--|
| Name |
| 8710 SHERMAN CIRCLE NORTH, # 308 |
| Florida street address (P.O. Box NOT acceptable) |
| MIRAMAR, FLORIDA _{FL} 33025 |
| 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 06 MAR 16 PM 3: 3



| <u>Title:</u> "MGR" = "MGRM" | Manager = Managing Member | Name and Address: |
|------------------------------|---|--|
| MGR | | COLIN HUTCHINSON |
| | | 8710 SHERMAN CIRCLE NORTH, # 308 |
| | | MIRAMAR, FLORIDA, 33025 |
| | | |
| - | | |
| | | |
| | - | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| (Use attac | hment if necessary) | |
| CLE V: Ef | fective date, if other that | an the date of filing: (OPTIONAL) |
| CLE V: Ef | fective date, if other thate is listed, the date m | an the date of filing: (OPTIONAL) sust be specific and cannot be more than five business days pr |
| CLE V: Ef | fective date, if other that | an the date of filing: (OPTIONAL) sust be specific and cannot be more than five business days pr |
| ICLE V: Effective da | fective date, if other thate is listed, the date mer the date of filing.) | an the date of filing: (OPTIONAL) ust be specific and cannot be more than five business days pr |
| ICLE V: Effective da | fective date, if other thate is listed, the date m | an the date of filing: (OPTIONAL) sust be specific and cannot be more than five business days pr |
| ICLE V: Effective da | fective date, if other thate is listed, the date mer the date of filing.) | an the date of filing: (OPTIONAL) sust be specific and cannot be more than five business days pro- |
| ICLE V: Effective da | fective date, if other thate is listed, the date merithe date of filing.) ED SIGNATURE: | ust be specific and cannot be more than five business days p |
| ICLE V: Effective da | fective date, if other that te is listed, the date mr the date of filing.) ED SIGNATURE: Signature of a maccordance wo of this document | an the date of filing: (OPTIONAL) nust be specific and cannot be more than five business days properties of a member or an authorized representative of a member. with section 608.408(3), Florida Statutes, the execution to constitutes an affirmation under the penalties of perjury stated herein are true.) |
| ICLE V: Effective da | fective date, if other that te is listed, the date mr the date of filing.) ED SIGNATURE: Signature of a maccordance wo of this document | nember or an authorized representative of a member. vith section 608.408(3), Florida Statutes, the execution to constitutes an affirmation under the penalties of perjury stated herein are true.) |

ARTICLE IV- Manager(s) or Managing Member(s):

\$125.00 Filing Fee for Articles of Organization and Designation

of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)