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(Requestor's Name)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
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SECRETARY OF STATE

COVER LETTER

TO: Registration Se Division of Co					
SUBJECT: TECHN	Nome of Limite	d Liability Compa	nv)	•	
	(Maine of Limite	u Liaumiy Compa	11 y)		
The enclosed Articles o	f Organization and fee(s) are s	ubmitted for filing			
Please return all corresp	ondence concerning this matte	er to the following:	:		
CHRISTIA	N J CAIAZZO				
	(Name of Person)			
TECHNICA	LLY SOUND LLC				
	(Firm/Company)			
5146 REB	ECCA COURT				
	•	(Address)			
ORLANDO	O FL 32810				
	(City	State and Zip Code)		
For further information	concerning this matter, please	call:			
CHRISTIAN J CA	AIAZZO	at (407	293-177	3	
(Name	of Person)	at (<u>407</u>) (Area Code	& Daytime To	elephone Number) AS	
Enclosed is a check for	r the following amount:			CRETA LAHAS	7
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Fill Certified Copy (additional copy is	,	S160.00 Filing FEO, Certificate of Status & Certified Copy, (additional copy is enclosed)	
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Registration Division of Clifton Bu 2661 Exec	of Corporatio	ns	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Lim	e: nited Liability Company	y is:	
TECHNICALLY SOL			
(Must end with the words "	Limited Liability Company, "I	imited Company" or their abbreviation "LLC.	," or "L.C.,")
ARTICLE II - Add The mailing address		ne principal office of the Limited Li	lability Company is
Principal Office Address:		Mailing Address:	
5146 REBECCA COURT ORLANDO FL 32810		5146 REBECCA COURT	
		ORLANDO FL 32810	
	ipany cannot serve as its own F	ered Office, & Registered Agent's Registered Agent. You must designate an indiv	
(The Limited Liability Combusiness entity with an act The name and the Florian	npany cannot serve as its own Five Florida registration.) orida street address of t		idual or another
(The Limited Liability Combusiness entity with an act The name and the Florian	npany cannot serve as its own Frive Florida registration.) orida street address of the CHRISTIAN J CAIAZZO	Registered Agent. You must designate an indiv	idual or another
(The Limited Liability Combusiness entity with an act The name and the Floor	pany cannot serve as its own Frive Florida registration.) orida street address of t CHRISTIAN J CAIAZZO No	Registered Agent. You must designate an indiverse he registered agent are:	idual or another
(The Limited Liability Combusiness entity with an act The name and the Floor	apany cannot serve as its own Five Florida registration.) orida street address of to CHRISTIAN J CAIAZZO No. 1446 REBECCA COUF	Registered Agent. You must designate an indivente he registered agent are: ame	idual or another
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(The Limited Liability Combusiness entity with an act The name and the Florida Combusiness entity with an act	upany cannot serve as its own Frive Florida registration.) orida street address of to CHRISTIAN J CAIAZZO No. 5146 REBECCA COUF Florida street ORLANDO FL 32810	Registered Agent. You must designate an indivente he registered agent are: ame RT It address (P.O. Box NOT acceptable)	idual or another SECRETARY TALLAHASSI
(The Limited Liability Combusiness entity with an act The name and the Florida Combusiness entity with an act	upany cannot serve as its own Frive Florida registration.) orida street address of to CHRISTIAN J CAIAZZO No. 5146 REBECCA COUF Florida street ORLANDO FL 32810	Registered Agent. You must designate an indiverse he registered agent are: ame RT t address (P.O. Box NOT acceptable)	idual or another

(CONTINUED) Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows:

<u>Title:</u> "MGR" = Manager	Name and Address:
"MGRM" = Managing Member	
MGRM	CHRISTIAN J CAIAZZO
	5146 REBECCA COURT
	ORLANDO FL 32810
•	
	
,	
(Use attachment if necessary)	
ARTICLE V: Effective date, if other than th	
(If an effective date is listed, the date must be to or 90 days after the date of filing.)	be specific and cannot be more than five business days prio
to or youngs after the date of image,	SS C
DECLUDED CICNATUDE.	m-(- (
REQUIRED SIGNATURE:	
Signature of a memo	per or an authorized representative of a member.
(In accordance with so	ection 608.408(3), Florida Statutes, the execution
of this document cons that the facts stated	stitutes an affirmation under the penalties of perjury

CHRISTIAN J CAIAZZO

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)