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SECRETARY OF STATE

# **COVER LETTER**

TO: Registration Section Division of Corporations		
SUBJECT: High Tech Geck LLC (Name of Limited Liability Company)		
(Name of Entitled Liability Company)		
The enclosed Articles of Organization and fee(s) are submitted for filing.		
Please return all correspondence concerning this matter to the following:		
DANIELMILLER		
(Name of Person)		
High Tech Geek, LLC		
(Firm/Company)		
18044 Laurel Valley Koad		
(Address)		
F+ Myers FL 33961		
City/State and Zip Code)		
For further information concerning this matter, please call:		
DANIEL MILLER at ( 239, 691-5471 (Area Code & Daytime Telephone Number)		
Enclosed is a check for the following amount:		
\$125.00 Filing Fee \$\bigcup \\$130.00 Filing Fee & \bigcup \\$155.00 Filing Fee & Certificate of Status & Certificate of Status & Certified Copy (additional copy is enclosed)		

Mailing Address
Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street/Courier Address
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:		ET SCHOOL DA
High Tech Gee  (Must end with the words "Limited Liability Company, "Limited	k, LLC Company" or their abbreviat	
ARTICLE II - Address: The mailing address and street address of the pri	ncipal office of the Lin	nited Liability Company is:
Principal Office Address:	Mailing Address:	
18044 Laurel Valley Ft Myers FL 33967	Road	SAME
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register	Office, & Registered	

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

business entity with an active Florida registration.)

DANIEL MILLER

Name

18044 Laurel Valley Roac

Florida street address (P.O. Box NOT acceptable)

F+ My Cofl 33967

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 (REOURED)

(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:

"MGR" = Manager	Name and Address:
"MGRM" = Managing Member	
MGR	DANIEL MILLER 18044 LAUREL VALLEY RD FORT MYERS, FL 33967
(Use attachment if necessary)	
LE V: Effective date, if other than the d	ate of filing: OCT 1, 7006 (OPTIONAL)

ARTICLE V: Effective date, if other than the date of filing: OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**REQUIRED SIGNATURE:** 

Signature of amember or an authorized tepresentative 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.)

DANIEL MILLER

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)

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