L06000098820

(Requestor's Name)

HTCS
10001 NW 50TH STREET
SUITE 103B
SUNRISE, FL 33351

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS
06 OCT -9 PM 2:17

B. Tedlock OCT 10 2006

HIGH TECH CONSULTING SERVICES

10001 NW 50th Street, Suite 103B - Sunrise, FL 33351
Tel: (954) 749-5356 - Fax: (954) 749-5359
http://www.htcs.cc

October 6, 2006

Florida Dept. Of State
Registration Section
Division of Corporation
P.O. Box 6327
Tallahassee, FL 32314

Dear Sir or Madam:

Enclosed please find registration form for Florida Limited Liability Company. Please contact us at the above address and phone numbers.

Very truly yours,

Nirva Bernardin

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited Liability Company is:

HIGH TECH CONSULTING SERVICES, LLC
(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:**
10001 NW 50TH STREET	10001 NW 50TH STREET
SUITE 103B	SUITE 103B
SUNRISE, FL 33351	SUNRISE, FL 33351

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:

PAUL BERNARDIN
Name

10001 NW 50TH STREET, SUITE 103B
Florida street address (P.O. Box **NOT** acceptable)

SUNRISE, FL 33351
City, State, and Zip

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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)

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

Title: "MGR" = Manager "MGRM" = Managing Member	**Name and Address:**
"MGR"	PAUL BERNARDIN 10001 NW 50TH STREET, SUITE 103B SUNRISE, FL 33351
"MGR"	NIRVA BERNARDIN 10001 NW 50TH STREET, SUITE 103B SUNRISE, FL 33351

(Use attachment if necessary)

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:

Paul Bernardin
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.)

PAUL BERNARDIN
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)