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SECULARIZOR STATE

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: ZAND S Computer Service (Name of Limited Liability Company)
The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Kerin Curtis Lynch (Name of Person)
(Name of Person)
K and S Computer Service Es &
(Firm/Company)
1716 Blue Spring Ct, Address)
Ocore, FC 34761
(City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Person) at (407) 383-8355 (Area Code & Daytime Telephone Number)
(Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\ \times \text{\$130.00 Filing Fee & Certificate of Status} \text{\$\text{Certified Copy} (additional copy is enclosed)} \text{\$\text{\$\text{Certified Copy} (additional copy is enclosed)}} \$\text{\$\tex{
Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

KAnd S C	omputer S	Service, LM
(Must end with the words "Limited Liability	Company, "Limited C	Company" or their abbreviation "LLC," or "L.C.,")
ARTICLE II - Address: The mailing address and street ad	dress of the princ	ncipal office of the Limited Liability Company is:
Principal Office Address:]	Mailing Address:
1216 Blue Spring C Ocorr, FL 34761	+,	1216 Blue Spr.ng Ct. 00018, FL 34761 20 8
(The Limited Liability Company cannot serve business entity with an active Florida regist	e as its own Registere tration.)	Office, & Registered Agent's Signature: ed Agent. You must designate an individual or another
The name and the Florida street a		gistered agent are:
Keva	h Curtis	Lynch
	Name	•
700 5	uzette	Dr.
	Florida street addres	ess (P.O. Box NOT acceptable)

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..

City, State, and Zip

Registered Agent's Signature (REQUIRED)

(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	
Mac	Kerin Custis Lynch 700 suzette Dr
Mgc.	Scott Robert Hayes
-1	1216 Blue Spr. 43 Ct. 50 8 Dcoee, FL 34761 FG
	
	OF STATE
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(Use attachment if necessary)	
ARTICLE V: Effective date, if other than the	e date of filing: (OPTIONAL) be specific and cannot be more than five business days prior
to or 90 days after the date of filing.)	se specific and cannot be more than five business days prior
REQUIRED SIGNATURE:	
	a f. III

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.)

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)