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. (Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	
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MATOS TECH, LLC. 160 WEST CAMINO REAL #181 BOCA RATON FL 33432 786.316.7273

August 18, 2007

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32324 850-245-6051

To Whom It May Concern:

Enclosed find following for Matos Tech, LLC.:

- 1. Articles of Organization
- 2. \$125.00 Filing Fee

Please mail letter of acknowledgment to the address on application. Contact me with any questions or for additional information.

Sincerely,

Edwin Matos

Managing Member

COVER LETTER

TO:	Registration Section Division of Corporations				
SUBJ	FCT. Matos Tech, LLC.				
SUDS	EC1.	ed Liability Comp	any)		
			·		
The er	aclosed Articles of Organization and fee(s) are	submitted for filir	ıg.		
Please	return all correspondence concerning this matt	ter to the followin	g:		
	Edwin Matos				
		(Name of Person)			0.
	Matos Tech				
		(Firm/Company)			
	160 West Camino Real #18	1			07 MG 22 MII: 10
		(Address)			7. S
	Boca Raton, FL 33432				Sign o
		y/State and Zip Cod	le)	· · · · · · · · · · · · · · · · · · ·	V
For fu	rther information concerning this matter, please	e call:			
Edv	vin Matos	at (786	316-727	3	
	(Name of Person)		de & Daytime Tel	ephone Number)	
Enclo	sed is a check for the following amount:				
√ \$125	0.00 Filing Fee \$\times \text{S130.00 Filing Fee & Certificate of Status}	S155.00 Fili Certified Co (additional co		\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Registra Division Clifton 2661 Ex	Courier Address tion Section n of Corporation Building secutive Center (s	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company i	s:			
Matos Tech, LLC. (Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")				
ARTICLE II - Address: The mailing address and street address of the	principal office of the Limited Liability Company is: Mailing Address: Matos Tech 160 West Camino Real #181 Boca Raton, FL 33432			
Principal Office Address:	Mailing Address:			
Matos Tech 160 West Camino Real #181	Matos Tech 160 West Camino Real #181			
Boca Raton, FL 33432	Boca Raton, FL 33432			
business entity with an active Florida registration.) The name and the Florida street address of the Linda Socolow	e registered agent are:			
Nam	ne			
1150 SW 5 Avenue	•			
Florida street a	address (P.O. Box NOT acceptable)			
Boca Raton, FL 33	43 2			
City, State	e, and Zip			
liability company at the place designated in registered agent and agree to act in this capac statutes relating to the proper and complete	to accept service of process for the above stated limited in this certificate, I hereby accept the appointment as city. I further agree to comply with the provisions of all performance of my duties, and I am familiar with and gistered agent as provided for in Chapter 608, F.S			
Registered Agent's Sign	Muldw nature (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:

MGRM	Edwin Matos
	160 West Camino Real #181
•	Boca Raton, FL 33432
	•
	
	THE PROPERTY OF SHAPE
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(Use attachment if necessary)	
(Ose attachment if necessary)	,
LE V: Effective date, if other than the dat	e of filing: (OPTIONAL)
ffective date is listed, the date must be sp	ecific and cannot be more than five business days prior
days after the date of filing.)	

(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.)

Edwin Matos

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)