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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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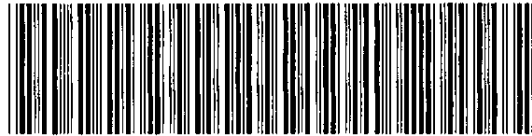
(Business Entity Name)

(Document Number)

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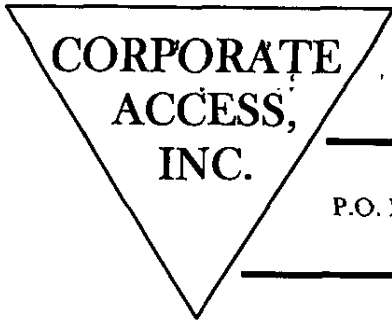
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LLC

1. Computers By Crews, LLC  
(CORPORATE NAME AND DOCUMENT #)

2. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

3. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

4. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

5. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

6. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

SPECIAL INSTRUCTIONS:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

ARTICLES OF ORGANIZATION  
OF  
COMPUTERS BY CREWS, LLC

ARTICLE I - NAME

The name of the limited liability company is COMPUTERS BY CREWS, LLC ("company")

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ARTICLE II - ADDRESS

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

4936 Musket Drive  
Lakeland, Florida 33810

Mailing Address:

4936 Musket Drive  
Lakeland, Florida 33810

ARTICLE III - REGISTERED AGENT,  
REGISTERED OFFICE, & REGISTERED AGENT'S SIGNATURE


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

THE RINALDO LAW FIRM, P.A.  
1102 South Florida Avenue  
Lakeland, Florida 33803

*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..*

THE RINALDO LAW FIRM, P.A.

By: \_\_\_\_\_

  
William J. Rinaldo as President

#### ARTICLE IV - MANAGERS OR MANAGING MEMBERS

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGMR" = Managing Member

Name and Address:

MGMR

Tracey Crews  
4936 Musket Drive  
Lakeland, Florida 33810

#### REQUIRED SIGNATURE:

  
\_\_\_\_\_  
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.)

Tracey Crews

\_\_\_\_\_  
Typed or printed name of signee