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**EXAMINER** 

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

# COVER LETTER

•	TO: Registration Section Division of Corporations		
•	SUBJECT: Ask My Computer Guy, LLC.		
	(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:			
	Karina Dischler		
	(Name of Person)		
	Ask My Computer Guy, LLC.		
	(Firm/Company)		
	6513 Aberdeen Ave.		
	(Address)		
Cocoa, FL 32927			
(City/State and Zip Code)			
For further information concerning this matter, please call:			
	David Dischler at ( 321 ) 455-9346		
	(Name of Person) (Area Code & Daytime Telephone Number)		
	Enclosed is a check for the following amount:		
	\$125.00 Filing Fee & S130.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed)  \$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  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 Ask My Computer Guy, LLC.	y is:		
(Must end with the words "Limited	Liability Company, "L.L.C.," or "LLC.")		
ARTICLE II - Address: The mailing address and street address of the	ne principal office of the Limited Liability Company is:		
Principal Office Address:	Mailing Address:		
6513 Aberdeen Ave.	6513 Aberdeen Ave.		
Cocoa, FL 32927	Cocoa, FL 32927		
David Dischler N 6513 Aberdeen A	ame		
Florida street address (P.O. Box NOT acceptable)			
Cocoa	<sub>FL</sub> 32927		
City, State, and Zip			
liability company at the place designated registered agent and agree to act in this cap statutes relating to the proper and complet accept the obligations of my position as	d to accept service of process for the above stated limited in this certificate, I hereby accept the appointment as pacity. I further agree to comply with the provisions of all the performance of my duties, and I am familiar with and registered agent as provided for in Chapter 608, F.S		
	TAS 20		

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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

Karina Dischler - MGR

6613 Aberdeen Ave.

Cocoa, FL 32927

David Dischler - MGRM

6513 Aberdeen Ave.

Cocoa, FL 32927

ARTICLE V: Effective date, if other than the date of filing: 2/11/2008 (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:**

Kauna Wischeler
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.)

Karina Dischler - MGR

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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