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	(Requestor's Name)
	(Address)
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	(City/State/Zip/Phone #)
PICK-U	JP'WAIT MAIL
	(Business Entity Name)
	(Document Number)
Certified Copies	Certificates of Status
Special Instruction	ns to Filing Officer:
L. S	ELLERS

EXAMINER

FEB 27 2008

Office Use Only



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TALLAHASSEE, FLORIDA

' COVER LETTER

Division of Corp	nputer Repair, L	LC ed Liability Company)	
	(Name of Limit	ed Liability Company)	
The enclosed Articles of C	Organization and fee(s) are	submitted for filing.	
Please return all correspon	dence concerning this matt	er to the following:	
Andrew Jac	kson, Esq.		· 1
		(Name of Person)	
Jackson La	w Group, LL.M.,		
		(Firm/Company)	
28 Cordova	Street		
,		(Address)	
Saint Augus	stine, Florida 326	084	
	(City	y/State and Zip Code)	
Andrew Jacksor		at 904 823-333	3
(Name of	Person)	(Area Code & Daytime Tele	phone Number)
Enclosed is a check for	the following amount:		
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & 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 C Tallahassee, FL 32301	
Andrew Jackson		. 41 847 359-909 17 20 100-100-100-100-100-100-100-100-100-10	or pro-

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:				
CW Computer Repair, LLC				
(Must end with the words "Limited Liability	y Company, "L.L.C.," or "LLC.")			
ARTICLE II - Address: The mailing address and street address of the print	ncipal office of the Limited Liability Company is:			
Principal Office Address:	Mailing Address:			
3175 U.S. Highway 1 South Saint Augustine, FL 32086	3175 U.S. Highway 1 South			
- The state of the	Saint Augustine, FL 32086			
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.) The name and the Florida street address of the reAndria Daniels Name	red Agent. You must designate an individual or another			
3175 U.S. Highway 1	South			
	ess (P.O. Box NOT acceptable)			
Saint Augustine,	_{FL} 32086			
liability company at the place designated in the registered agent and agree to act in this capacity. statutes relating to the proper and complete per	ccept service of process for the above stated limited is certificate, I hereby accept the appointment as I further agree to comply with the provisions of all formance of my duties, and I am familiar with and ered agent as provided for in Chapter 608, F.S.			

(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	,	
MGRM	Andria Daniels	
	3175 U.S. Highway 1 South	
	St. Augustine, FL 32086	
MGR	James Bout Boull+	
	3175 U.S. Highway 1 South	
	St. Augustine, FL 32086	
	·	
(Use attachment if necessary)		
CONTRACTOR OF TAXABLE AND ADDRESS OF TAXABLE AND ADDRESS OF TAXABLE AD		. 7 A T
effective date is listed, it other than the effective date is listed, the date must be go days after the date of filing.)	e date of filing: 02/22/2008 (OPTIO) be specific and cannot be more than five business of	lays
<u>REQUIRED</u> SIGNATURE:		
D. 1:		

(In accordance with section 608.408(3), Plorida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Andria Daniels

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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TALL ABASSES FLORIDA