108000077014

Ÿ
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



400133974724

08/11/08--01014--008 ***125.00

08 AUG I I AM II: 28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

M. THOMAS

AUG 1 2 2008

EXAMINER

COVER LETTER

TO:	Registration Section Division of Corporations			
SUBJ	ECT: AAA Computer Repairs	LLC		
•	(Name of Lim	ited Liability Comp	any)	
The en	nclosed Articles of Organization and fee(s) are	e submitted for filin	g.	
Please	return all correspondence concerning this ma	atter to the following	g:	
	Teena Marie Rucker			
		(Name of Person)		
		(Firm/Company)		SECHELARAS
	1550 Puritan Street			ECH ECH
		(Address)		NASSA MATERIAL TO MATERIAL TO
	Deltona FL 32725			E STATE
	(C	ity/State and Zip Cod	e)	SSEE. PLORIDE
For fu	rther information concerning this matter, pleas	se call:		Žu a
Tee	na Marie Rucker	at (321	, 206-0384	
	(Name of Person)	(Area Cod	le & Daytime Telepl	none Number)
Enclos	sed is a check for the following amount:			
✓\$ 125	.00 Filing Fee \$\int \text{\$130.00 Filing Fee & Certificate of Status}	\$155.00 Filir Certified Co (additional cop.	py (y is enclosed)	S160.00 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	Registrat Division Clifton E 2661 Exe	ourier Address ion Section of Corporations Building ecutive Center Circ see, FL 32301	ele

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

AAA Computer Repairs LLC (Must end with the words "Limit	ted Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address:		
The mailing address and street address o	f the principal office of the Limited Liabil	lity Company is:
Principal Office Address:	Mailing Address:	
1550 Puritan Street	1550 Puritan Street	
Deltona FL 32725	Deltona FL 32725	
Teena Marie Ru 1550 Puritan St	Name	OR AUG 11 AM 11: 22 SECRETARY OF STATE SECRETARY OF STATE
	treet address (P.O. Box <u>NOT</u> acceptable)	ਲੂਜ ਕ
Deltona FL 327		
City	, State, and Zip	
liability company at the place designate registered agent and agree to act in this statutes relating to the proper and comp	and to accept service of process for the abouted in this certificate, I hereby accept the appropriate. I further agree to comply with the plete performance of my duties, and I am facts as registered agent as provided for in Chap	ppointment as e provisions of all miliar with and

(CONTINUED)
Page 1 of 2

Registered Agent's Signature (REQUIRED)

FILE

ARTICLE IV- Manager(s) or Managing Member(s):

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

"MGRM" = Managing Member		
MGRM	Teena Marie Rucker	
	1550 Puritan Street	
	Deltona FL 32725	· · · · · · · · · · · · · · · · · · ·
The state of the s		
	** · · · · · · · · · · · · · · · · · ·	7.50
		<u>M</u>
(Use attachment if necessary)		Ş
LE V: Effective date, if other than the	e date of filing:	(ODTIONA)
ffective date is listed, the date must		

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.)

Teena Marie Rucker

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)