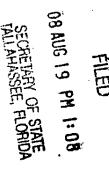
(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
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M. THOMAS

AUG 2 0 2008

EXAMINER

COVER LETTER

(D)

TO: Registration Se Division of Cor			
SUBJECT: <u>LOT</u>	(Name of Limite	WORKS, LLC d Liability Company)	
The enclosed Articles of	Organization and fee(s) are so	ubmitted for filing.	
Please return all correspo	endence concerning this matte	r to the following:	
Ko	STAS PLATO P	PAPADAKIS Name of Person)	
			08 AUG 19 PA
***************************************		Firm/Company)	TELEP TO
14	02 TIARA LAN	'ε	F. R.
	ARPON SPRING (City	S, FL 34689 - 3 /State and Zip Code)	2946
KOSTAS PLA	ATO PAPADAKIS of Person)	at (717) 945-9 (Area Code & Daytime Tele	phone Number)
	s 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	



August 11, 2008

KOSTAS PLATO PAPADAKIS 1402 TIARA LANE TARPON SPRINGS, FL 34689-2946

SUBJECT: LOTUS COMPUTER WORKS, LLC

Ref. Number: W08000037652

We have received your document for LOTUS COMPUTER WORKS, LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$125.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6097.

Marsha Thomas Regulatory Specialist II

Letter Number: 708A00045370

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

LOTUS COMPUTER WORKS, 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:

Principal Office Address:

1402 TIARA LANE
TARPON SPRINGS, FLORIDA
34689 - 2946

Mailing Address:

1402 TIARA LANE
TARPON SPRINGS, FLORIDA
34689 - 1946

λì.

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature. (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

KOSTAS PLATO PAPADAKIS
1402 TIARA LANE
TARPON SRINGS, FL 34689-2946

Florida street address (P.O. Box NOT acceptable)

City, State, and Zip

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.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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

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

Name and Address:		
KOSTAS PLATO PAPADAKUS 1401 TIARA LANE TARPON SPRINGS, FL 34689-2946		
JUDY PAPADAKIS 1402 TIARA LANE TARPON SPRINGS, FL 34689-3946		
FLORENT I.O.B.		

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: ... (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:

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.)

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)