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Office Use Only



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SEP - 4 2008

**EXAMINER** 

## **COVER LETTER**

TO: Registration Section ' Division of Corporations	
SUBJECT: PERSONAL COMPUTING SOLUTIONS 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:	
ALPHA MCDONALD (Name of Person)	
ALPHA MCDONALD (Name of Person)  PERSONAL COMPUTING SOLUTIONS LLC (Firm/Company)	
14716 82 NO St. N (Address)	
LOXAHATCHEE FLORIDA 33470 (City/State and Zip Code)	
For further information concerning this matter, please call:  ALPHA MCDONALD at (718) 666 - 633 7 (2) (Area Code & Daytime Telephone Number)  Enclosed is a check for the following amount:	
ALPHA MCDONALD at (718) 666 - 633 7 (Area Code & Daytime Telephone Number) TO	
(Name of Person) (Area Code & Daytime Telephone Number)	
Enclosed is a check for the following amount:	
\$125.00 Filing Fee \$\times \text{S130.00 Filing Fee & Certificate of Status} \text{Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)}	
Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301	

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:** 

The name of the Limited Liability Company is:

PERSUNAL COMPUTING	SOLUTIONS LLC	
PERSUNAL COMPUTING SOLUTIONS 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:	Mailing Address:	
14716 82 PB St. N.  LOXAHATCHEE, FLUCIDA  33470  ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)	14716 82 No ST. N. LOXAHATCHEE, FLORDA 33470  Office, & Registered Agent's Signature:	
The name and the Florida street address of the registered agent are:		
Alpha McDown Name  14716 82 No ST  Florida street addit  Loxa hatchee	ess (P.O. Box NOT acceptable)	
City, State, and Zip		
Having been named as registered agent and to a	count service of process for the above stated limited	

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)
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: Name and Address: Title: "MGR" = Manager "MGRM" = Managing Member MSRM LOXAHATCHEE . FL (Use attachment if necessary) **ARTICLE V:** Effective date, if other than the date of filing: 8-27-2008(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

M-Sonala Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

that the facts stated herein are true.)

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)