## L08000109994

_
_
_
_
_





100138126711

12/01/08--01005--026 \*\*125.00

RECEIVED

08 DEC -1 PM 1: 28

ON VISION OF SOME STATE OF THE PROPERTY OF THE P

B. KOHR
DEC - 1 2008
EXAMINER



CORPDIRECT AGENTS, INC. (formerly CCRS) 515 EAST PARK AVENUE TALLAHASSEE, FL 32301 222-1173 FILING COVER SHEET ACCT. #FCA-14 OBOTO - PA 1:35 **CONTACT: KATIE WONSCH** DATE: 12/01/08 **REF. #:** 001260.96334 CORP. NAME: MYITGUY, LLC ( ) ARTICLES OF INCORPORATION ( ) ARTICLES OF AMENDMENT ( ) ARTICLES OF DISSOLUTION ( ) ANNUAL REPORT ( ) TRADEMARK/SERVICE MARK ( ) FICTITIOUS NAME ( ) FOREIGN QUALIFICATION ( ) LIMITED PARTNERSHIP (XX) LIMITED LIABILITY ( ) REINSTATEMENT ( ) MERGER ( ) WITHDRAWAL ( ) CERTIFICATE OF CANCELLATION ( ) OTHER: STATE FEES PREPAID WITH CHECK# 58610 FOR \$ 125.00 **AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:** COST LIMIT: \$\_\_\_\_ PLEASE RETURN:

( ) CERTIFICATE OF GOOD STANDING ( XX ) PLAIN STAMPED COPY

Examiner's Initials

( ) CERTIFIED COPY

( ) CERTIFICATE OF STATUS

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:** 

The name of the Limited Liability Company is:	
My It Goy, LCC	
ARTICLE II - Address:	
The mailing address and street address of the princ	ipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
3608 S. Himes Are	3608 S. Himes Me
TAMPA F1. 33629	TAMPA, F1 33629
ARTICLE III - Registered Agent, Registered O	
The name and the Florida street address of the regis	stered agent are:
FRED CLACK	// · = = = = = = = = = = = = = = = = = =
Name	
3608 S. 140	nes/fre ====================================
Florida street address (P.O. 1	Box NOT acceptable)
TAMPH, Fl.	33621

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, Florida Statutes..

City, State, and Zip

Registered Agent's Signature

Page 1 of 2 (CONTINUED)

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

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

1 itle:	Name and Address:
"MGR" = Manager	$\Delta I = I$
"MGRM" = Managing Member	FRED CLARK HI.
MGRM	3608 S. Itimes Ital
	1 AMPA, PT. 3362
<del></del>	
(Use attachment if necessary)	

NOTE: An additional article must be added if an effective date is requested.

**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:**

\$100.00 Filing Fee for Articles of Organization \$25.00 Designation of Registered Agent \$30.00 Certified Copy (Optional) \$5.00 Certificate of Status (Optional)