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(Requestor's Name)

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(City/State/Zip/Phone #)

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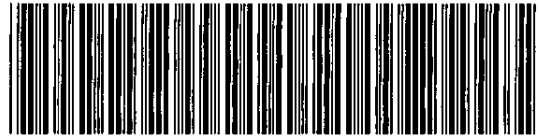
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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TALLAHASSEE, FLORIDA

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EXAMINER



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 21, 2008

MOHAMED AQQAD  
1302 W BUSCH BLVD., SUITE B  
TAMPA, FL 33610

SUBJECT: CONSUMER INFORMATION TECHNOLOGY, "LLC"  
Ref. Number: W08000052790

We have received your document for CONSUMER INFORMATION TECHNOLOGY, "LLC" and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must insert the letters " MGRM" in the block above the name and address of each managing member and/or the letters "MGR" in the block above the name and address of each manager listed.

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

If you have any questions concerning the filing of your document, please call (850) 245-6020.

Tammi Cline  
Regulatory Specialist II

Letter Number: 308A00058100

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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: CONSUMER INFORMATION TECHNOLOGY,"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:

MOHAMED AQQAD

(Name of Person)

CONSUMER INFORMATION TECHNOLOGY,"LLC."

(Firm/Company)

1302 W BUSCH BLVD SUITE B

(Address)

TAMPA,FLORIDA 33610

(City/State and Zip Code)

For further information concerning this matter, please call:

MOHAMED AQQAD

(Name of Person)

at ( 727 ) 643-4298

(Area Code & Daytime Telephone 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 Circle  
Tallahassee, FL 32301

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TALLAHASSEE, FLORIDA

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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

CONSUMER INFORMATION TECHNOLOGY,"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:

1302 W Busch Blvd.

SUITE B

TAMPA ,FLORIDA 33610

#### Mailing Address:

1302 W Busch Blvd.

SUITE B

TAMPA ,FLORIDA 33610

### 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:

MOHAMED AQQAD

Name

6808 OAKDALE DRIVE

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

TAMPA FL 33610

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)

Page 1 of 2

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

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

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

MGR

MOHAMED AQQAD

MGRM

BASSEM MATOUBSI

**Name and Address:**

6808 OAKDALE DRIVE

TAMPA, FL 33610

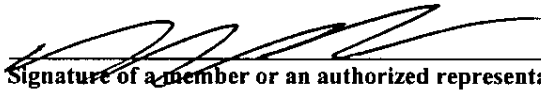
8012 FAWN RIDGE CIRCLE

TAMPA, FL 33610

(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.)

MOHAMED AQQAD

\_\_\_\_\_  
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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