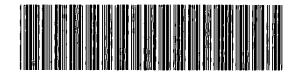
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(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
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Special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

Office Use Only



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SECRETARY OF STATE

M. THOMAS

DEC - 8 2008

EXAMINER

Kenneth A. Petras 7921 Byron Avenue Suite 306 Miami Beach, FL. 33141 (305) 775-4579

Via: US Mail

December 2, 2008

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL. 32314

Re: Articles of Organization for Florida Limited Liability Company

Dear Sir/Madam:

Enclosed are an original and one (1) copy of the Articles of Organization for the above-referenced Florida Limited Liability Company (Ultimate Computer Repair LLC.) and a Money Order for \$160.00.

Thank you for your prompt attention to this matter,

Sincerely,

Kenneth A. Petras

Cc: Wilson Vega

SECTRIANY OF STATE

j J

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

ULTIMATE C	OMPUTER	REPAIR	LLC.
- 	(Must end with the	words "Limited Liabilit	y Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

Principal Office Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Mailing Address:

	دارنداخته بنده خدا الاستهام الخاصة المسابقة المسابقات المسابقة المسابقة المسابقة المسابقة المسابقات المسابقات المسابقة المسابقات المسابق		
ULTIMATE COMPUTER KEPAIR LLC.	ULTIMATE COMPUTER REPAIR		
614 NW GRAN Street Suite A	614 NW GRAN STREET SUIT		
MIAMI, FL 33/50	MIAMI, FL. 3.3/50		

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:

Name

7921 By ron Avenue Suite 306

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

MioniBeach FL 33/4/
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

7	The name and address of each Manager	r or Managing Member is as follows:					
• 1	<u>litie:</u> MGR" = Manager MGRM" = Managing Member	Name and Address:					
٠ /	<u>ugrm</u>	Kennesh A. Petras 792) Byron Avenue #306 MIAMI nels. FL. 33141					
2	MGRM	1674 NW Poth Avenue Lot mismi, FL 33)50	A170				
-							
-							
(Use attachment if necessary)						
(If an eff	E V: Effective date, if other than the date is listed, the date must be a lays after the date of filing.)	ate of filing: (OPTIONAL pecific and cannot be more than five business days					
E	REQUIRED SIGNATURE:						
	Lundh	1. fetras	STATE				
	Signature of a member or an authorized representative of a member.						

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

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)

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury