LD8000/16339

(Requestor's Name)					
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PICK-UP WAIT MAIL					
(Business Entity Name)					
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Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					
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Office Use Only



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COVER LETTER

	istration Ision of C	Section orporations				
SUBJECT:		Citadel Inte	rnet Served Liability Comp	rices L	LC	
The enclosed	Articles	of Organization and fee(s) are s	submitted for filin	g.		
Please return	all corres	pondence concerning this matte	er to the following	z:		
<u></u>		Hung V.	Name of Person)			
			(Firm/Company)		2 . 1 .	
-2-2		901 Ponce de	(Address)) VOI .	renthase	Juite
		Coral Gubles	FL	33 34		
For further in	formation	(City) concerning this matter, please	/State and Zip Code	e)		
Itung	V. (Nam	Names e of Rotsofi)	at (338- cole & Daytime Te	lephone Number)	
Enclosed is a	a check f	or the following amount:				
\$125.00 Fil	ing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filin Certified Co (additional cop		\$160.00 Filing Certificate of Certified Cop (additional copy	Status &
		Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Registrati Division Clifton B 2661 Exe	ourier Addression Section of Corporation duilding ecutive Center (see, FL 32301	s	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company	/ is:
Citade Theoret (Must end with the words "Limited L	Services, LLC Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the	e principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
	405 Sw 29th (f Unit 64) Migmi, FL 33135 ered Office, & Registered Agent's Signature: Registered Agent. You must designate an individual or another
The name and the Florida street address of the Hung V. You Sharp Shorida street address of the Hung V. Na You Shorida street address of the Hung V. Na Florida street address of the Hung V.	5 t 5

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)

The name and address of each Manager or Managing Member is as follows: Name and Address: Title: "MGR" = Manager "MGRM" = Managing Member (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.)

Filing Fees:

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

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

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