

LD9 0600 54678

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

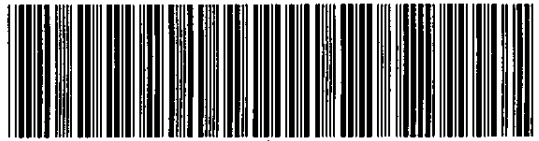
(Business Entity Name)

(Document Number)

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

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TALLAHASSEE, FLORIDA

2009 JUN - 4 AM 10:48

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M. THOMAS

JUN - 5 2009

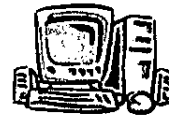
EXAMINER

LD9-54678



**Jermaine Archibald**

**5833 West Oakland Park Blvd., #263**



**Lauderhill, FL 33313**

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

To Whom It May Concern:

This is to confirm my name address, and daytime phone number  
which is (954) 536-8439.

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TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

Sincerely,

*Jermaine Archibald*

Jermaine Archibald

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: Archibald Computers, 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:

**Jermaine S Archibald**

(Name of Person)

**Archibald Computers, LLC**

(Firm/Company)

**2451 NW 64th Ave**

(Address)

**Sunrise, FL 33313**

(City/State and Zip Code)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

**Jermaine S. Archibald**

(Name of Person)

at ( **954** ) **536-8439**

(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

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

Archibald Computers, 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:

Archibald Computers, LLC.

2451 NW 64th Ave

Sunrise, FL 33313

#### Mailing Address:

Archibald Computers, LLC. C/O Jermaine S. Archibald

2451 NW 64th Ave

Sunrise, FL 33313

### 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:

Jermaine S. Archibald

Name

5833 West Oakland Park Blvd. #263

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

Lauderhill, FL 33313

FL

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.*

Jermaine S. Archibald  
Registered Agent's Signature (REQUIRED)

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TALLAHASSEE, FLORIDA

(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:

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

Owner

/MGRM

**Name and Address:**

Jermaine S. Archibald

5833 West Oakland Park Blvd., #263

Lauderhill, FL 33313

MGRM

Betty Jean-Archibald

5833 West Oakland Park Blvd., #263

Lauderhill, FL 33313

(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:**

Jermaine S. Archibald

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.)

Jermaine S. Archibald

Typed or printed name of signer

**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)**