# 109000068504

(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Dusinoss Entry Hamo)		
(Document Number)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		
<u>.</u>		
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2009 JUL 15 AM II: 37
SECRETARY OF STATE
AND SEEF, FLORID

FILED

M. THOMAS

JUL 16 2009

**EXAMINER** 

## **COVER LETTER**

	tion Section of Corporations		
SUBJECT:	S	SiteUptime, LLC	
	Name of Lim	ited Liability Company	
The enclosed Artic	eles of Organization and fee(s) are	e submitted for filing.	
Please return all co	orrespondence concerning this ma	atter to the following:	
	N	Marc Hardgrove	J. J
		Name of Person	
		Firm/Company	THE LAND SEE. FLORE
	2836	Blue Springs Place	
	. ,	Address	Fren E
		Chapel, Florida 33544	FLOST IN
		ity/State and Zip Code  @nextnetmedia.com >	Dr.
<del></del> .	E-mail address: (to be used	for future annual report notification)	
For further informa	ation concerning this matter, plea	se call:	
	larc Hardgrove	at ( 813 ) 3	333-5221 ephone Number
Enclosed is a che	ck for the following amount:		
_	Fee \$\int\\$130.00 \text{ Filing Fee & Certificate of Status}	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	7\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address Registration Section	Street/Courier Address Registration Section	

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

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	Cital In	time IIC	
		time, LLC d Liability Company," "L.L.C.," or "LLC.")	
ARTICLE II - A	A dalmaga.		
		the principal office of the Limited Liability Com	pany is:
Principal Office Address:		Mailing Address:	
2836 Blue Springs Place		2836 Blue Springs Place	
Wesley Chapel, Florida 33544		Wesley Chapel, Florida 33544	
The name and the Florida street address of t		f the registered agent are:	L 15 M
		Name To	, <b>差</b> C
	2836 Blu	le Springs Place	MII: 37
		s (P.O. Box NOT acceptable)	11
	Wesley Chapel 33		
		a	
		State, and Zip	

(CONTINUED)

Registered Agent's Signature (REQUIRED)

### 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:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGRM	David Martin 8863 Greenback Lane, #334 Orangevale, CA 95662
MGRM	Marc Hardgrove  2836 Blue Springs Place  Wesley Chapel, FL 33544
	PS-FE-FLORIFE  MILEST
(Use attachment if necessary)	
or 90 days after the date of filing.)  REQUIRED SIGNATURE:	date of filing: (OPTIONAL)  e specific and cannot be more than five business days prior  er or an authorized representative of a member.
	ction 608.408(3), Florida Statutes, the execution stitutes an affirmation under the penalties of perjury rein are true.)
	Marc Hardgrove

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)

Typed or printed name of signee