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Effective Date 05/20/2010

SECRETARY OF STATE OF STATE OF CURPORATION

T. HAMPTON

MAY 11 2010

EXAMINER

COVER LETTER

TO:

Registration Section

Division of Co	orporations		
SUBJECT: ITbizPro	LLC.		
		ted Liability Company	
The enclosed Articles o	of Organization and fee(s) are	submitted for filing.	
Please return all corresp	ondence concerning this mat	ter to the following:	
Daniel Pando	<u>, </u>		
		Name of Person	
lTbizPro LLC			
		Firm/Company	
175 SE 9 Ave			
		Address	
Hialeah/FL/33	3010		•
	Cit	ty/State and Zip Code	
danielpando@	mac.com	for future annual report notification)	
For further information	concerning this matter, pleas		
Daniel Pando		_at (305) 308 2792	
Name	of Person	Area Code & Daytime Tele	phone Number
Enclosed is a check for	or 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 C Tallahassee, FL 32301	

Effective Date 05/20/2010

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:				
ITbizPro LLC. (Must end with the words "Limited Liabilit	y Company, "L.L.C.," or "LLC.")			
ARTICLE II - Address: The mailing address and street address of the printing.	ncipal office of the Limited Liability Company is:			
Principal Office Address:	Mailing Address:			
ITbizPro LLC.	ITbizPro LLC .			
175 SE 9 Ave	175 SE 9 Ave			
Hialeah FL, 33010	Hialeah FL, 33010			
business entity with an active Florida registration.) The name and the Florida street address of the registered agent are: Daniel Pando				
Name				
175 SE 9 Ave				
Florida street addr	ess (P.O. Box NOT acceptable)			
Hialeah	FL 33010			
City, State	e, and Zip			
liability company at the place designated in the registered agent and agree to act in this capacity. statutes relating to the proper and complete perj	ccept service of process for the above stated limited is certificate, I hereby accept the appointment as I further agree to comply with the provisions of all formance of my duties, and I am familiar with and ered agent as provided for in Chapter 608, F.S			

ent's Signature (REQUIRED)

(CONTINUED)
Page 1 of 2

SECRETARY OF STATE

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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:

<u>Title:</u> "MGR" = 1	Manager = Managing Member	Name and Address:	
MGR	- Wallaging Member	Daniel Pando	
		175 SE 9 Ave	_
		Hialeah FL, 33010	_
MGR		Alexandra Pando	
		175 SE 9 Ave	
		Hialeah FL, 33010	
			<u> </u>
			_
			_
(Use attach	ment if necessary)		
		date of filing: 05/20/2010 . (OPT specific and cannot be more than five business	
REQUIRE	D SIGNATURE:		
	Signature of a momber	or an authorized representative of a member.	
	(In accordance with sect of this document constituted that the facts stated here	ion 608.408(3), Florida Statutes, the execution utes an affirmation under the penalties of perjury in are true.)	
	Daniel Pando		

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)

DIVISION OF CORPURATION

Typed or printed name of signee