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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

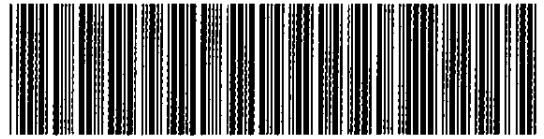
(Business Entity Name)

(Document Number)

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FILED  
10 MAY 17 AM 10:45  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

S. HAWKES  
APR 23 2010  
EXAMINER

~~L10 10005~~



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 23, 2010

CONRAD WILLKOMM  
590 11TH STREET SOUTH  
NAPLES, FL 34102

SUBJECT: TECH SAVVY MEDIA, L.L.C.  
Ref. Number: W10000019995

We have received your document for TECH SAVVY MEDIA, L.L.C. and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please remove one of the registered agents names it is only required to have one.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6955.

Suzanne Hawkes  
Regulatory Specialist II

Letter Number: 710A00010159

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: Tech Savvy Media, L.L.C.**  
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:

Conrad Willkomm  
Name of Person

The Law Office of Conrad Willkomm, P.A.  
Firm/Company

590 11th Street South  
Address

Naples, Florida 34102  
City/State and Zip Code

conrad@swfloridalaw.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Conrad Willkomm at ( 239 ) 262-5303  
Name of Person 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:

Tech Savvy Media, L.L.C.

(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:**

19630 Oak Forest Dr.  
Fort Myers, FL 33967

**Mailing Address:**

19630 Oak Forest Dr.  
Fort Myers, FL 33967

**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:

Nilza Ortega

Name

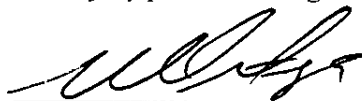
19630 Oak Forest Dr.

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

Fort Myers, FL 33967

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)

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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:

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGRM

Nilza Ortega

19630 Oak Forest Dr.

Fort Myers, FL 33967

MGRM

Vikram Chhabra

19630 Oak Forest Dr.

Fort Myers, FL 33967

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TALLAHASSEE, FLORIDA

(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.)

Nilza Ortega

Typed or printed name of signee

**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)**