

MAY-24-2010 09:56 From:
Division of Corporations

To: 85

850-245-6804

L10000056056

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H10000122569 3)))



H100001225693ABC

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : KRISJOENNA SERVICES, INC.
Account Number : I20080000033
Phone : (786) 499-7132
Fax Number : (305) 644-3052

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

FLORIDA LIMITED LIABILITY CO.
IASU COMPUTER LLC

Certificate of Status	1
Certified Copy	1
Page Count	02
Estimated Charge	\$160.00

S. HAWKES

MAY 25 2010

EXAMINER

AN 10:56

Electronic Filing Menu

Corporate Filing Menu

Help

MAY-24-2010 09:07 From:

To: 850 617 6381

P.3/4

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**ARTICLE I - Name:**

The name of the Limited Liability Company is:

JASU COMPUTER LLC**ARTICLE II - Address:**

The mailing address and street of the principal office of the Limited liability Company is:

Principal Office Address:**JAVIER ESPINOZA****Mailing Address:****6423 NW 82 AVE
MIAMI FLORIDA 33166****ARTICLE III- Registered Agent, Registered Office, & Registered Agent's Signature:**

The name and the Florida, street address of the registered agent are:

REYNALDO REGALADO

Name

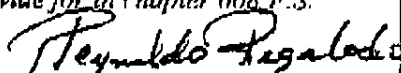
6423 NW 82 AV

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

MIAMI FLORIDA 33166

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 provide for in chapter 608, F.S.



Registered Agent's Signature

(CONTINUED)

FILED
10 MAY 24 AM 10:06
DEPT. OF STATE
TALLAHASSEE, FLORIDA

MAY-24-2010 09:07 From:

To: 850 617 6381

P.4/4

Page 1 of 2

FILED
10 MAY 24 AM 10:06
CLERK OF STATE
TALLAHASSEE, FLORIDA

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

Title:

"MGR"- Manager

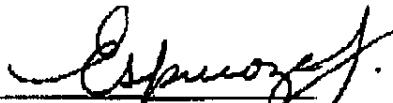
Name and Address

JAVIER ESPINOZA (MGR)
6423 NW 82 AV
MIAMI FLORIDA 33166

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

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.)



Typed or printed name of signer

Page 2 of 2