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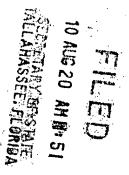
(Requestor's Name)	
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PICK-UP WAIT	MAIL
(Business Entity Name	e)
(Document Number)	,
Certified Copies Certificates	of Status
Special Instructions to Filing Officer:	





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D. BRUCE
AUG 23 2010
EXAMINER

## **COVER LETTER**

TO: Registration Division of C			
SUBJECT: Compu	ter Dumb ? LLC		
		ted Liability Company	
	of Organization and fee(s) are pondence concerning this material	<del>-</del>	Question mark is part of man
James P. Bla	anco		,
		Name of Person	· · · · · · · · · · · · · · · · · · ·
Computer Du	ımb ?		
		Firm/Company	
3414 Picwoo	d Road		
		Address	
Tampa, Flori			
	Ci	ty/State and Zip Code	
mycomputero	lumb@gmail.com	<u> </u>	
For further information	t-mail address: (to be used	for future annual report notification) e call:	TO AUG.
Jim Blanco		at ( 813 ) 340-1892	SSE SSE
Name	of Person	Area Code & Daytime Te	
Enclosed is a check f	or the following amount:		₹## <b>=</b>
□\$125.00 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	2\$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:		
Computer Dumb ? L	LC		
		y Company, "L.L.C.," or "LLC.")	<del></del>
ARTICLE II - Address:			:-Lilite. Commons.in.
ine mailing address and	street address of the pri	ncipal office of the Limited L	naomiy Company is:
Principal Office Addres	<u>s:</u>	Mailing Address:	
3414 Picwood Road		Same	
Tampa, Florida 33618			••••••••••••••••••••••••••••••••••••••
The Limited Liability Company of business entity with an active Florida  The name and the Florida  Jame	cannot serve as its own Registe orida registration.)  a street address of the rest in the serve as P. Blanco  Name  Picwood Road  Florida street address	Office, & Registered Agent'red Agent. You must designate an indirect agent are:  ess (P.O. Box NOT acceptable)  FL 33618 e, and Zip	
liability company at the registered agent and agre statutes relating to the p	he place designated in th ee to act in this capacity. proper and complete per	ccept service of process for the is certificate, I hereby accept to I further agree to comply with formance of my duties, and I are agent as provided for in the (REQUIRED)	the appointment as th the provisions of all im familiar with and
•	CONTER	THE HEALTHAN	

(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:

<u>Title:</u>	Name and Address:	
"MGR" = Manager "MGRM" = Managing Member		
James P. Blanco MGR	3414 Picwood Road	
	Tampa, Florida 33618	
	**************************************	<del></del> _
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		ny disputation and the second
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(Use attachment if necessary)	· · · · · · · · · · · · · · · · · · ·	
CLE V: Effective date, if other than	the date of filing: (Ole to be specific and cannot be more than five busing the specific and cannot be more than five busing the specific and cannot be more than five busing the specific and cannot be more than five busing the specific and cannot be more than five busing the specific and cannot be more than five busing the specific and cannot be more than five busing the specific and cannot be more than five busing the specific and cannot be more than five busing the specific and cannot be more than five busing the specific and cannot be more than five busing the specific and cannot be more than five busing the specific and cannot be more than five busing the specific and cannot be more than five busing the specific and cannot be more than five busing the specific and cannot be more than the specific and cannot be canno	PTIONAL) ness days prior
CLE V: Effective date, if other than effective date is listed, the date must 0 days after the date of filing.)  REQUIRED SIGNATURE:	the date of filing: (Ole st be specific and cannot be more than five busing the specific and cannot be more than five busing the specific and cannot be more than five busing the specific and cannot be more than five busing the specific and cannot be more than five busing the specific and cannot be more than five busing the specific and cannot be more than five busing the specific and cannot be more than five busing the specific and cannot be more than five busing the specific and cannot be more than five busing the specific and cannot be more than five busing the specific and cannot be more than five busing the specific and cannot be more than five busing the specific and cannot be more than five busing the specific and cannot be more than five busing the specific and cannot be more than five busing the specific and cannot be more than five busing the specific and cannot be more than five busing the specific and cannot be more than five busing the specific and cannot be specific as the	PTIONAL) ness days prior
CLE V: Effective date, if other than effective date is listed, the date must 0 days after the date of filing.)  REQUIRED SIGNATURE:  Signature of a mere (In accordance with	mber or an authorized representative of a member.  In section 608.408(3), Florida Statutes, the execution constitutes an affirmation under the penalties of perjury	ness days prior
CLE V: Effective date, if other than effective date is listed, the date must 0 days after the date of filing.)  REQUIRED SIGNATURE:  Signature of a mer of this document control of this document co	mber or an authorized representative of a member.  In section 608.408(3), Florida Statutes, the execution constitutes an affirmation under the penalties of perjury in herein are true.)	ness days prior

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)