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| PICK-UP | | MAIL |
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| Certified Copies | _ Certificates | s of Status |
| Special Instructions to | Filing Officer: | |
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SECRETARY OF STATE DIVISION OF CORPORATIONS

T. HAMPTON SEP - 2-2010

EXAMINER

COVER LETTER

| TO: Registration S Division of Co | | | |
|-----------------------------------|---|--|--|
| Division of Co | orhoramons | | |
| SUBJECT: Data Ta | pe Services, LLC | | |
| | | ed Liability Company | |
| | | | |
| The enclosed Articles o | f Organization and fee(s) are | submitted for filing. | |
| Please return all corresp | oondence concerning this matt | ter to the following: | |
| Annette Slom | owicz | | |
| | | Name of Person | |
| Data Tape Se | ervices, LLC. | | |
| | | Firm/Company | |
| 224 Kaya Lan | idina Dr | | |
| 334 Kays Lan | ding Di | Address | |
| | | | |
| Sanford, FL 3 | | y/State and Zip Code | |
| harnia @ datat | | y/State and Zip Code | |
| barrys@datat | apeservices.com E-mail address: (to be used to | for future annual report notification) | |
| For further information | concerning this matter, please | e call: | |
| Annette Slomowicz | • | at (407) 701-1611 | |
| | of Person | Area Code & Daytime Telep | hone 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 Ci | rcle |

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - N | | |
|--|--|---|
| The name of the | Limited Liability C | ompany is: |
| Data Tape Se | ervices, LLC | |
| | (Must end with the words | 'Limited Liability Company, "L.L.C.," or "LLC.") |
| ARTICLE II The mailing add | | ess of the principal office of the Limited Liability Company is: |
| Principal Office | e Address: | Mailing Address: |
| 334 Kays Landing D | ır | 334 Kays Landing Dr |
| Sanford, FL 32771 | | October 51 00774 |
| ADTICLE III | - Degistered Agent | Registered Office & Registered Agent's Signature: |
| (The Limited Liability business entity with | y Company cannot serve a an active Florida registrati | Registered Office, & Registered Agent's Signature: s its own Registered Agent. You must designate an individual or another |
| (The Limited Liability business entity with | y Company cannot serve a an active Florida registrati | Registered Office, & Registered Agent's Signature: s its own Registered Agent. You must designate an individual or another ion.) ress of the registered agent are: |
| (The Limited Liability business entity with | y Company cannot serve a an active Florida registrati he Florida street add | Registered Office, & Registered Agent's Signature: s its own Registered Agent. You must designate an individual or another ion.) ress of the registered agent are: |
| (The Limited Liability business entity with | y Company cannot serve a an active Florida registrati he Florida street add | Registered Office, & Registered Agent's Signature: s its own Registered Agent. You must designate an individual or another ion.) ress of the registered agent are: Wicz Name |
| (The Limited Liability business entity with | y Company cannot serve a an active Florida registration Florida street add Annette Slomove 334 Kays Lance | Registered Office, & Registered Agent's Signature: s its own Registered Agent. You must designate an individual or another ion.) ress of the registered agent are: Wicz Name |
| (The Limited Liability business entity with | y Company cannot serve a an active Florida registration Florida street add Annette Slomove 334 Kays Lance | Registered Office, & Registered Agent's Signature: s its own Registered Agent. You must designate an individual or another ion.) ress of the registered agent are: wicz Name ling Dr. |

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)
Page 1 of 2

SECRETARY OF STATE
DIVISION OF CORPORATIONS

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

The name and address of each Manager or Managing Member is as follows:

| MGR | Annette Slomowicz | |
|---------------------------------------|---|---------------|
| | 334 Kays Landing Dr | |
| | Sanford, FL 32771 | |
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| (Use attachment if necessary) | | |
| | | |
| LE V: Effective date, if other than t | he date of filing: be specific and cannot be more th | |

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.)

Annette Słomowicz

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)

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