# L1100014035

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



200192161732

200192161732 02/02/11--01016--026 \*\*130.00

TI FEB - 2 PM 1: 49

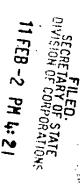
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORINA

RECEIVED

B. KOHR

FEB - 2 2011

**EXAMINER** 



# **COVER LETTER**

TO:	Registration Section Division of Corporations
SUBJE	SYBERTECH INFORMATION MANAGEMENT SOLUTIONS LLC  Name of Limited Liability Company
5000	Name of Limited Liability Company
The en	closed Articles of Organization and fee(s) are submitted for filing.
Please	return all correspondence concerning this matter to the following:
	LASHELLE KEEL
	Name of Person
	Firm/Company
	58 SIOUX CIRCLE  Address
	UANANIA EL 0000
1	HAVANA, FL 32333  City/State and Zip Code
•	E-mail address: (to be used for future annual report notification)
For fur	ther information concerning this matter, please call:
LAS	HELLE KEEL at (850 ) 539-5171
<del></del>	Name of Person Area Code & Daytime Telephone Number
Enclos	sed is a check for the following amount:
\$125.00	Certificate of Status  Certificate of Status  Certified Copy (additional copy is enclosed)  S155.00 Filing Fee & S160.00 Filing Fee, Certified Copy (additional copy is enclosed)
	Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

#### **ARTICLE I - Name:**

The name of the Limited Liability Company is:

# SYBERTECH INFORMATION MANAGEMENT SOLUTIONS LLC

(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:	Mailing Address:	
16248 MAHAN DR	16248 MAHAN DR	
TALLAHASSEE, FL 32309	TALLAHASSEE, FL 32309	
	<del></del>	

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:

LASHELI	LE KEEL
	Name
58 SIO	UX CIRCLE
	Florida street address (P.O. Box NOT acceptable)
HAVANA	<sub>FL</sub> 32333
	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)

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:

"MGR" = Manager "MGRM" = Managing Member	
<del>*</del> -	
MGRM	CATHY SIMS 16248 MAHAN DR
	TALLAHASSEE, FL 32309
MGRM	LYNN SIMS
	16248 MAHAN DR
	TALLAHASSEE, FL 32309
(Use attachment if necessary)	
LE V: Effective date, if other than fective date is listed, the date mu days after the date of filing.)	the date of filing: (OPTIONAL) to the specific and cannot be more than five business dates.
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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

#### LASHELLE KEEL

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)