

L11 0000 33113

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

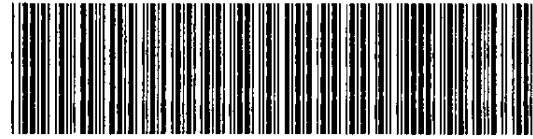
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. BRYAN

MAR 18 2011

EXAMINER

Scott E. Morris
8861 SW 196th Dr.
Cutler Bay, FL 33157

FILED
11 MAR 17 AM 11:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Articles of Organization - Optimum Small Business Technology, LLC

Dear Sir/Madam:

Enclosed please find Articles of Organization for the above named limited liability company, in duplicate, together with a check in the amount of \$155.

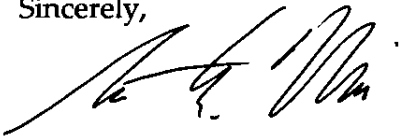
If all is in order, please provide me with a certified copy of the Articles at the following address:

Scott E. Morris
8861 SW 196th Dr.
Cutler Bay, FL 33157
Scott.Morris@OptimumSBT.com

If you require any additional information please contact me at (502) 810-8951.

Thank you.

Sincerely,



Scott E. Morris

Enclosures

**ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY**

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TALLAHASSEE, FLORIDA

ARTICLE I – Name:

The name of the limited liability company is Optimum Small Business Technology, LLC.

ARTICLE II – Address:

The mailing address and the street address of the principal office of the limited liability company are:

Principal Office Address:

8861 SW 196th Drive
Cutler Bay FL 33157

Mailing Address:

8861 SW 196th Drive
Cutler Bay FL 33157

ARTICLE III – Registered Agent, Registered Office, & Registered Agent’s Signature:

The name address of the registered agent is: Scott E. Morris
8861 SW 196th Drive
Cutler Bay, FL 33157

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 Signature

ARTICLE IV – Managers or Managing Members:

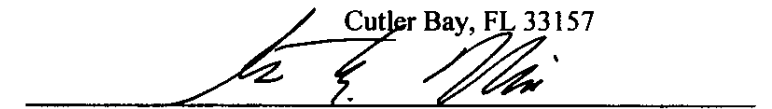
The name and address of each Managing Member is as follows:

Title:

MGRM

Name and Address:

Scott E. Morris
8861 SW 196th Dr.
Cutler Bay, FL 33157



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.)

Scott E. Morris
Typed or printed name of signee