# #1/1000039387

(Requestor's Name)		
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PICK-UP WAIT MAIL		
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K. BALY EXAMINER APR 1 2011

## **COVER LETTER**

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TO:

**Registration Section** 

Division of Corporations
SUBJECT: The Computer Help Desk LLC
Name of Limited Liability Company
The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Candy Maddalino
Name of Person
PI Computes Inc
Firm/Company
PO Box 33
Address
Live Oak, FI 32064
City/State and Zip Code
Candy@onehop.com  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Candy Maddalino at (386 ) 487-0612
Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
125.00 Filing Fee \$\sum \text{S130.00 Filing Fee & Certificate of Status}\$  125.00 Filing Fee \$\text{Certified Copy (additional copy is enclosed)}}\$  125.00 Filing Fee \$\text{Certified Copy (additional copy is enclosed)}}\$  125.00 Filing Fee \$\text{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:	EFFECTIVE DATE
The Computer Help Desk LLC	
(Must end with the words "Limited Liabili	ty Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the pr	incipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
206 SW Satellite Lane	206 SW Satellite Lane
Lake City, FI 32024	Lake City, FI 32024
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)	ered Agent. You must designate an individual or another
The name and the Florida street address of the re	egistered agent are:
Wes Jones	R 3 P
Name	SS T
206 SW Satellite	Lane Mg 🕏
Florida street add	ress (P.O. Box NOT acceptable)

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..

City, State, and Zip

<sub>FL</sub> 32024

Registered Agent's Signature (REQUIRED)

Lake City

(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:

Title: "MGR" = Manager "MGRM" = Manager	Name and Address:
"MGRM" = Managing Memb	
MGRM	Wes Jones
	206 SW Satellite Lane
	Lake City, Fl 32024
	44444
(Use attachment if necessary)	
CLE V: Effective date, if other t	than the date of filing: April 1st,2011 . (OPTIONAL) must be specific and cannot be more than five business days
REQUIRED SIGNATURE:	
Signature of a	a member or an authorized representative of a member.
	ction 608.408(3), Florida Statutes, the execution of this document

Wes Jones

Typed or printed name of signee

I am aware that any false information submitted in a document to the Department of State

### 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)

constitutes a third degree felony as provided for in s.817.155, F.S.)