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FLORIDA LIMITED LIABILITY CO.  
CARE IT PARTNERS, LLC

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EXAMINER

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

**CARE IT PARTNERS, LLC**

**ARTICLE II - Address:**

The mailing address and street address of the principal office  
of the Limited Liability Company is:


**310 Orange Street #605  
Ozona FL 34660**

**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

The name and the Florida street address of the registered agent are:

**Franek Gajdeczka  
310 Orange Street #605  
Ozona FL 34660**

*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

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

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

**Title:****Name and Address:****Managing Member**Franek Gajdeczka  
310 Orange Street #605  
Ozona FL 34660**Managing Member**Karthik Viswanathan  
310 Orange Street #605  
Ozona FL 34660**Managing Member**Samir Sahu  
310 Orange Street #605  
Ozona FL 34660FILED  
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TALLAHASSEE, FLORIDA**REQUIRED SIGNATURE:**  
\_\_\_\_\_  
Signature of a Managing 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.)

Franek Gajdeczka

\_\_\_\_\_  
Typed or printed name of signee

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