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2011 APR 22 PM 4: 29
SECRETARY OF STATE

J. SAULSBERRY EXAMINER

APR 25 2011

COVER LETTER

Registration Section Division of Corporations

TO:

SUBJECT:	Punkt IT C	onsulting LL	.C
	Name of Limited	Liability Company	
The enclosed Articles	of Organization and fee(s) are sub	omitted for filing.	
Please return all corres	pondence concerning this matter	to the following:	
Pasca	l Wagner		
		ame of Person	
	Fi	rm/Company	
101 St	adium Drive A	\PT 110	
		Address	
Tallah	assee, FL 323	04	2011 TALI
	-	tate and Zip Code	AP AP
info@pa	scalwagner.com	Autura annual report polification	ASS 7
Pro Cost or in Cost of			, Lilan,
Pascal W	agner	Firm/Company UM Drive APT 110 Address ee, FL 32304 City/State and Zip Code Vagner.com ail address: (to be used for future annual report notification) hing this matter, please call: Area Code & Daytime Telephone Number 100 Filing Fee & Certificate of Status &	
Name	of Person	Area Code & Daytime Te	elephone Number
Enclosed is a check f	or the following amount:		
\$125.00 Filing Fee [\$130.00 Filing Fee & Certificate of Status	Certified Copy	Certificate of Status & Certified Copy
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Registration Section Division of Corporatio Clifton Building	ons r Circle

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:	
Punkt IT Consulting LLC	
(Must end with the words "Limited Liabil	ity Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	
The mailing address and street address of the pr	rincipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
5940 Gulf of Mexico Dr	101 Stadium Drive APT 110
Longboat Key, FL 34228	Tallahassee, FL 32304
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regist business entity with an active Florida registration.) The name and the Florida street address of the r Pascal Wagner	registered agent are:
Name	PH 4:
101 Stadium Drive APT 110	
	dress (P.O. Box <u>NOT</u> acceptable)
Tallahassee,	
City, Sta	ate, 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:

MGRM	Pascal Wagner 101 Stadium Drive APT 110 Tallahassee, FL 32304	
MGRM	Diego Corzo	
	101 Stadium Drive APT 110 Tallahassee, FL 32304	
(Use attachment if necessary)		2011 APR 22 PM 4: 29 SECRETARY OF STATE ALL AHASSEE, FLORIDA
		OPTIONAL)
days after the date of filing.)	be specific and cannot be more than five bus	mess uays

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.)

Pascal Wagner

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)