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SECRETARY OF STATE

J. SAULSBERRY EXAMINER SEP 0 7 2011

COVER LETTER

, : : TO:

	TO: Registration Section Division of Corporations		
	SUBJECT: TechSavvy Repairs		
	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:		
	Brad Bubel		
	Name of Person		
	TechSavvy Repairs		
	Firm/Company	— 2 9	
	401 Crystal Lane	13	***
	Address SA	1	****
	Niceville, FL 32578	25m O∩	
	City/State and Zip Code		lar.
	BBubel3@gmail.com E-mail address: (to be used for future annual report notification)	8 -	
	For further information concerning this matter, please call:		
	Brad Bubel _{at (} 850) 517-7847		
	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}\$ Certificate of Status (additional copy is enclosed) \$155.00 Filing Fee & Certificate of Status (additional copy is enclosed)	&	
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301		

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Co	mpany is:
TechSavvy Repairs LLC	
(Must end with the words "I	Limited Liability Company, "L.L.C.," or "LL.C.")
ARTICLE II - Address: The mailing address and street addres	ss of the principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
401 Crystal Lane Niceville, FL 32578	401 Crystal Lane Niceville, FL 32578
	Registered Office, & Registered Agent's Signature: its own Registered Agent. You must designate an individual or another n.)
The name and the Florida street addre	ess of the registered agent are:

Name

401 Crystal Lane

Florida street address (P.O. Box NOT acceptable)

Niceville

FL 32578

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)

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

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

MGRM	Brad Bubel	
	401 Crystal Lane Niceville, FL 32578	
MODM	- · · · · · · · · · · · · · · · · · · ·	
MGRM	Ryan Kneeland	<u>~~~</u> 28
	303 Riley Road	ZOII SEP
	Niceville, FL 32578	₹9 9
MGRM	Jon Costilow	-6 SSE
· •	15284 331 Business Unit 204	
	Freeport, FL 32439	<u> </u>
		STATE LORID
		<u> </u>
		
Use attachment if necessar	ry)	
.E.V: Effective date if oth	er than the date of filing:	. (OPTIONAL
	te must be specific and cannot be more than five	- `
days after the date of filing		

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.)

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)