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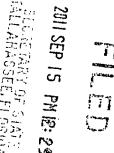
| (Requestor's Name) |
|---|
| (Address) |
| |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
| |
| A. LUNT |
| SEP 1 6 2011 |

Office Use Only



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COVER LETTER

Registration Section Division of Corporations

TO:

| SUBJECT: Budget Belt Computers 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: |
| Travis C Zimmerman |
| Name of Person |
| Budget Belt Computers LLC |
| Firm/Company |
| 616 Albritton Ave |
| Address |
| Sarasota, FL 34232 City/State and Zip Code travzimmv83@gmail.com |
| City/State and Zip Code |
| 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 |
| E-mail address: (to be used for future annual report notification) |
| For further information concerning this matter, please call: |
| Travis C Zimmerman at (941) 894-5158 |
| Name of Person Area Code & Daytime Telephone Number |
| Enclosed is a check for the following amount: |
| \$125.00 Filing Fee \$\times 130.00 Filing Fee & Certificate of Status \$155.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed) \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
| Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle Tallahassee, FL 32301 |

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| Budget Belt Computers L (Must end with the words "Lim | ted Liability Company, "L.L.C.," or "LLC.") | |
|--|--|-----|
| ARTICLE II - Address: | of the principal office of the Limited Liability Company | is |
| Principal Office Address: | Mailing Address: | |
| 616 Albritton Ave Sarasota, FL 34232 | 616 Albritton Ave Sarasota, FL 34232 | |
| | | |
| ARTICLE III - Registered Agent, Re | gistered Office, & Registered Agent's Signature: wn Registered Agent. You must designate an individual or another | |
| ARTICLE III - Registered Agent, Ref (The Limited Liability Company cannot serve as its obusiness entity with an active Florida registration.) The name and the Florida street address | gistered Office, & Registered Agent's Signature: wn Registered Agent. You must designate an individual or another | ec. |
| ARTICLE III - Registered Agent, Ref (The Limited Liability Company cannot serve as its obusiness entity with an active Florida registration.) | gistered Office, & Registered Agent's Signature: wn Registered Agent. You must designate an individual or another of the registered agent are: | |
| ARTICLE III - Registered Agent, Ref (The Limited Liability Company cannot serve as its obusiness entity with an active Florida registration.) The name and the Florida street address | gistered Office, & Registered Agent's Signature: wn Registered Agent. You must designate an individual or another of the registered agent are: | |
| ARTICLE III - Registered Agent, Registered Limited Liability Company cannot serve as its obusiness entity with an active Florida registration.) The name and the Florida street address Travis C Zimmer 616 Albritton | ristered Office, & Registered Agent's Signature: wn Registered Agent. You must designate an individual or another of the registered agent are: | |

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 | Travis C Zimmerman | 5% 5 |
|---|----------------------------|-------------|
| | 616 Albritton Ave | mo T |
| | Sarasota, FL 34232 | mo 3 |
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| (Use attachment if necessary) | | |
| | | (ODT) ON (A |
| LE V: Effective date, if other than the | date of filing: 09-12-2011 | (OPTION A |

REQUIRED SIGNATURE:

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.)

Travis C Zimmerman

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)