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_____
(Requestor's Name)

_____
(Address)

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(Address)

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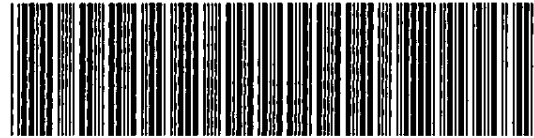(City/State/Zip/Phone #)

☐ PICK-UP   ☐ WAIT   ☐ MAIL

_____
(Business Entity Name)

_____
(Document Number)

Certified Copies _____   Certificates of Status _____

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TALLAHASSEE, FLORIDA

J. BRYAN

NOV -2 2011

EXAMINER

COVER LETTER

TO: Registration Section
        Division of Corporations

SUBJECT: **Cyber Custom, 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:

Thomas O'Brien
_____
Name of Person

Cyber Custom, LLC
_____
Firm/Company

6521 69th Avenue North
_____
Address

Pinellas Park, Florida 33781
_____
City/State and Zip Code

dshinyoda@gmail.com
_____
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Thomas O'Brien   at (**727**) **545-3894**
_____   _____
Name of Person   Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

[✔]$125.00 Filing Fee   [ ]$130.00 Filing Fee &   [ ]$155.00 Filing Fee &   [ ]$160.00 Filing Fee,
                           Certificate of Status   Certified Copy   Certificate of Status &
                                                         (additional copy is enclosed) Certified Copy
                                                                                       (additional copy is enclosed)

Mailing Address   **Street/Courier Address**
Registration Section   Registration Section
Division of Corporations   Division of Corporations
P.O. Box 6327   Clifton Building
Tallahassee, FL 32314   2661 Executive Center Circle
                               Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited Liability Company is:

Cyber Custom, LLC.

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:
The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

6521 69th Avenue North

Pinellas Park, FL 33781

Mailing Address:

6521 69th Avenue North

Pinellas Park, FL 33781

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:
(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:
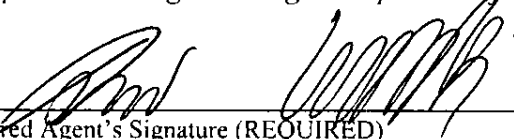
Andrew Wieczorkowski, Esquire

Name

2474 Sunset Point Road

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

Clearwater, FL 33765

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:

Title:
"MGR" = Manager
"MGRM" = Managing Member

Name and Address:

MGR

Thomas O'Brien
6521 69th Avenue North
Pinellas Park, FL 33781

MGR

David Nguyen
6521 69th Avenue North
Pinellas Park, FL 33781

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____. (OPTIONAL)
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

REQUIRED SIGNATURE:

Thomas A. O'Brien
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.)

Thomas O'Brien
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)**