

Division of Corporations

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**L12000042468**

Florida Department of State

Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850) 617-6393

From:

Account Name : CLARA GIRALDO, P.A.  
Account Number : T19990000017  
Phone : (305) 485-9300  
Fax Number : (305) 485-1098FILED  
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TALLAHASSEE, FLORIDA

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

FLORIDA LIMITED LIABILITY CO.  
GEEK DOES, LLC.

Certificate of Status	1
Certified Copy	0
Page Count	04
Estimated Charge	\$130.00

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY  
COMPANY  
OF

GEEK DOES, LLC.

ARTICLE I - NAME

The name of the Limited Liability Company is:

GEEK DOES, LLC.

ARTICLE II - ADDRESS

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

1262 SW 21<sup>ST</sup> ST  
MIAMI, FL. 33145

ARTICLE III - REGISTERED AGENT, REGISTERED OFFICE, & REGISTERED  
AGENT'S SIGNATURE:

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

ANTONIO SALGADO

1262 SW 21<sup>ST</sup> ST

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

MIAMI, FL. 33145

City, State, and Zip

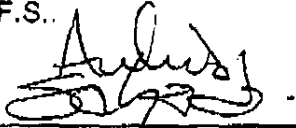
CLARA GIRALDO P.A.  
4080 SW 84 AVE SUITE C  
MIAMI, FL 33155  
(305) 485-9300

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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****ARTICLE IV- MANAGEMENT**

The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

**ANTONIO SALGADO**  
1262 SW 21<sup>ST</sup> ST  
MIAMI, FL. 33145

**MANAGER**

**NIKOLAI PRIMELLES**  
1262 SW 21<sup>ST</sup> ST  
MIAMI, FL. 33145

**MANAGER**

(An additional article must be added if an effective date is requested)



**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.)

**ANTONIO SALGADO**

Typed or printed name of signee

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