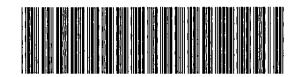
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(Requestor's Name)					
(Address)					
(Address)					
(Addiess)					
(City/State/Zip/Phone #)					
П., П.,					
PICK-UP WAIT MAIL					
(Business Entity Name)					
, ,					
(Document Number)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					
Special instructions to Filing Officer.					
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Office Use Only



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T. CLINE

EXAM

COVER LETTER

TO:	Registratio Division of	on Section Corporations					
SUBJI	ест: <u>С</u> О	Mputer	Support Name of Limi	+ Force LLC ted Liability Company		<u></u>	
The en	iclosed Article	es of Organizat	ion and fee(s) are	submitted for filing.			
Please	return all corr	respondence co	ncerning this ma	tter to the following:			
	nic	iole Pf	eiffer	Name of Person			
			Suppor-	Firm/Company	·		
	1860	o Boys	scart D	r. #209 Address			
	FA	Myers	FL C	33907 ty/State and Zip Code			
	nicol	e <u>CO</u>	MOUTES ddress: (to be used	Support Force of for future annual report notif	OM) ication)		-
For fur	rther informati	on concerning	this matter, pleas	se call:			
<u>n</u>	icole F	Fifer me of Person		at (239) Area Code & Day	458 time Telep	200 074 084	
Enclos	sed is a check	k for the follo	wing amount:			18.84 18.84 19.88	î
/ \$125.00	0 Filing Fee		Filing Fee & cate of Status	\$155.00 Filing Fee Certified Copy (additional copy is enc		\$160.00 Filing Feed Certificate of Status & Certified Copy (additional copy is enclosed)	Ĺ
		Mailing	Address	Street/Courier	Address		

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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 Company is:									
COMPUTER Support Force 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:	Mailing Address:								
2135 Crystal Dr. #48 Ft Myers, FL 33907 Ft Myers, FL 33907									
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)									
The name and the Florida street address of the re	egistered agent are:								
James <u>Sheehar</u>	·								
2135 Crystal T	ress (P.O. Box <u>NOT</u> acceptable)								
ft myers City, Sta	_FL <u>33907</u> te, and Zip								
liability company at the place designated in the registered agent and agree to act in this capacity statutes relating to the proper and complete per accept the obligations of my position as regis Registered Agent's Signature.	ire (REQUIRED)								
/ (CONTINI	IED) Programme 180								

ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows: Name and Address: "MGR" = Manager "MGRM" = Managing Member MGRM Myers, FL (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: _ (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:

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.)

Nicole A. Pfeiffer

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)