112000081506

(Requ	estor's Name)	
(Addre	ess)	···
(Addre	ess)	
,	,	
(City/S	State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Busir	ness Entity Nan	ne)
(Docu	ment Number)	
Certified Copies	Certificates	of Status
Special Instructions to Fil	ing Officer:	
·		

Office Use Only



000236489830

06/18/12--01023--030 **125.00

FILED

12 JUN 18 AM 9: 58

SECRETARY OF STATE

B. BOSTICK
JUN 2 0 2012
EXAMINER

COVER LETTER

	ion Section of Corporations			
SUBJECT:		MANAGEMEA Liability Company	IT LLC	
The enclosed Artic	les of Organization and fee(s) are sub	mitted for filing.		
Please return all co	rrespondence concerning this matter	to the following:		
	THOMAS Na	S. CARO	GILL	<u></u>
<u></u>	Fi	rm/Company		
	101 S. EO	LA DR. Address	世521	<u>. </u>
	OR LANDO Cirus	FL tate and Zip Code	32801	·
	E-mail address: (to be used for t		ication)	2 JUN 7
For further informa	ition concerning this matter, please ca	ıl l :	SSE	<u>α</u> [
THOM	IAS CAPCILL a	Area Code & Day	708 - 9156 time Telephone Number	M 9: 58
Enclosed is a che-	ck for the following amount:		-	
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee Certified Copy (additional copy is encl	Certificate of	Status &
	Mailing Address Registration Section Division of Corporations P.O. Box 6327	Street/Courier Aregistration Section of Corporation Building	tion porations	

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:

(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:
101 S. EOLA DR. #521 OPLANDO, FL 32801	SAME

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.)

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 (REOURED)

(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: Name and Address: Title: "MGR" = Manager "MGRM" = Managing Member MGRM (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:** 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

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)

constitutes a third degree felony as provided for in s.817.155, F.S.)