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K.SALY EXAMINER JUL 19 2013

COVER LETTER

608.439, F.S.

TO: Registration	Section Corporations	~
Division of	Lorporations 1	Fla
SUBJECT:	Computers	<u>ttc.</u>
	(Name of Resulting)	Florida Limited Company)
		Organization, and fees are submitted to eenvert anability Company" in accordance with s. 608.439, F.S.
Please return all cor	respondence concerning this m	atter to:
Ken 1	BUZZIC (Contact Person)	
Comp	uters <u>t</u> tc. (Firm/Company)	
15000 Cit	rus Country Dr	ive Suite #302
DAde Ci-	Ly FL 33523 (City, State and Zip Code)	3
E-mail address: (to be u	. ,	Com ons)
For further informa	tion concerning this matter, plea	ase call:
Ken Bu- (Name of Con	at (352) 424-1079 Area Code and Daytime Telephone Number)
Enclosed is a check	for the following amount:	
\$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)		O Filing Fees rtified Copy Status Status
STREET ADDRE	ss: Filmy 30,00	MAILING ADDRESS:
Registration Section Division of Corpora	ations Copy 65.	Registration Section Division of Corporations
Clifton Building	mona e p	P. O. Box 6327
2661 Executive Cer		Tallahassee, FL 32314
Tallahassee, FL 32	.301	

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, the abbrev	viation "L.I.A.", or the designation "LLC.")
ARTICLE II - Address: The mailing address and street address of the prin	cipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
15000 Citrus Country Drive Suite # 302 Dace City, FL 33523 ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registered	
business entity with an active Florida registration.) The name and the Florida street address of the reg	gistered agent are:
Kenneth	Buzil Name
58029 Ce	unser Ka = 50 15

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..

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

Registered Agent's Signature (REQUIRED

(CONTINUED)

Page 1 of 2

Title: "MGR" = Manager "MGRM" = Managing	Name and Address: 1ember
MGR	KEN BUZZIE F.O. BOX 523 Trilby, FL 33593
•	
(Use attachment if nece	sary) if other than the date of filing: (OPTIONAL)
effective date: 1) canno Florida Department of :	(OPTIONAL) be prior to nor more than 90 days after the date this document is filed ate; AND 2) must be the same as the effective date listed in the attac n effective date listed therein.)
DUIRED SIGNATURE	
Simple	nper or an authorized representative of a member.
Signature of a it	
(In accordance with section the penalties of perjury that	08.408(3), Florida Statutes, the execution of this document constitutes an affirmation use facts stated herein are true. I am aware that any false information submitted in a of State constitutes a third degree felony as provided for in s.817.155, F.S.)

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