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Effective Date 7/15/13

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
13 JUL 22 AM 11:07

JUL 23 2013

T. HAMPTON

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

From: Arbra Calvert
5369 Shady Oak Circle
St. Cloud, FL 34771
407-892-7897
info@proitsands.com

To Whom It May Concern,

Enclosed are the Articles of Organization for my new company name: Pro I.T. Services and Support, LLC along with a check for \$125.00 for the filing fee.

My name is Arbra Calvert, residing at 5369 Shady Oak Circle, St. Cloud, FL 34771 and can be reached by phone or voicemail at 407-892-7897 or email at info@proitsands.com.

Thank you,

A handwritten signature in black ink, appearing to read 'Arbra Calvert', written in a cursive style.

Arbra Calvert

Effective Date 7/15/13

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

PRO I.T. SERVICES AND SUPPORT, LLC
(Must end with the words "Limited Liability Company," "LLC," 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:

5369 SHADY OAK CIRCLE
ST. CLOUD, FL 34771

5369 SHADY OAK CIRCLE
ST. CLOUD, FL 34771

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

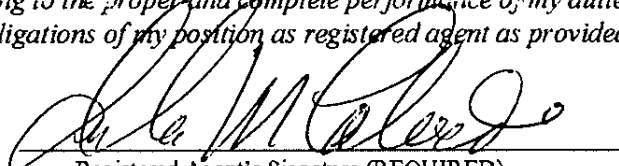
(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

ARERA CALVERT
Name

5369 SHADY OAK CIRCLE
Florida street address (P.O. Box **NOT** acceptable)
ST. CLOUD FL 34771
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

ARERA M. CALVERT
5369 SHADY OAK CIRCLE
ST. CLOUD, FL 34771

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: JULY 15, 2013. (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 constitutes a third degree felony as provided for in s.817.155, F.S.)

ARERA M. CALVERT

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)