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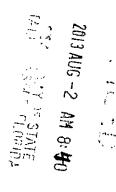
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COVER LETTER

TO: **Registration Section Division of Corporations**

IT Technology Consulting LLC

Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ise return all correspondence concerning this matter to the following:	
Earl Harris	
Name of Person	
IT Technology Consulting LLC	
Firm/Company	7
3402 E. Maritana Dr.	2013 AUG
Address	99
St. Pete Beach Fl 33706	
City/State and Zip Code	J., 5
eharris@ittci.net	<u> </u>
E-mail address: (to be used for future annual report notification) further information concerning this matter, please call:	Şm 8
arl Harris 919 627-8804	

For f

Earl Harris	_ _{at} 919 627-8804
Name of Person	Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

■\$125.00 Filing Fee □ \$160.00 Filing Fee, □\$130.00 Filing Fee & □\$155.00 Filing Fee & Certificate of Status & Certificate of Status Certified Copy Certified Copy (additional copy is enclosed) (additional copy is enclosed)

Mailing Address Street/Courier Address Registration Section Registration Section Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle

and a sign and the same care Tallahassee, FL 32301 मार्था । असे हार पालक

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

THE LACEBOOK AND COROLLIS	Hog I I C		
IT Technology Consult (M		I Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II - A	ddress:		
		the principal office of the Limited L	iability Company is:
Principal Office	Address:	Mailing Address:	
3402 E. Maritana Dr		3402 E. Maritana Dr	
St. Pete Beach FL		St. Pete Beach FL	
33706		33706	
The name and the		the registered agent are:	2013 AUG
The name and the	Florida street address of	the registered agent are:	
	Earl Harris		alug.
	1	Name	
	3402 E. Maritana Dr.	5.4 · 模型	**************************************
		eet address (P.O. Box NOT acceptable)	
	St. Pete Beach	33706	**************************************
		Eity, State, and Zip	3- 0
Having been nam	my at the place designate	nd to accept service of process for the ed in this certificate, I hereby accept capacity. I further agree to comply w	the appointment as
liability compa registered agent all statutes rela	•	mplete performance of my duties, an as registered agent as provided for	_
liability compa registered agent all statutes rela	bligations of my position		_

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

VILTE	= Manager	Name and Address:	
	I" = Managing Member		
MGR		Earl Harris	
		3402 E. Maritana Dr	-
		St. Pete Beach Fl 33706	_
MGR		Terri Harris	
		3402 E. Maritana Dr	
		St. Pete Beach Fl 33706	<u> </u>
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LE V: 1 ffective or 90 d	date is listed, the date lays after the date of filings after the date	must be specific and cannot be more than five bu	
LE V: 1 effective or 90 d	date is listed, the date ays after the date of filing in the last of filing in the last of	must be specific and cannot be more than five bung.)	isine:
LE V: 1 effective or 90 d	date is listed, the date ays after the date of filing in the last of filing in the last of	must be specific and cannot be more than five buing.) nember or an authorized representative of a member. on 608.408(3), Florida Statutes, the execution of this document a under the penalties of perjury that the facts stated herein are true information submitted in a document to the Department of State	isine:

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)