

OCT/07/2013/MON 11:36 AM

FAX No.

P. 001

Division of Corporations

Page 1 of 1

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Florida Department of State
Division of Corporations
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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.
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FLORIDA LIMITED LIABILITY CO.
COMPUTECH PLUS LLC

Certificate of Status	1
Certified Copy	0
Page Count	03
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Electronic Filing Menu Corporate Filing Menu

7. Hours OCT -8. 2013

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

COMPUTECH PLUS 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:

8500 WEST FLAGLER STREET, SUITE B208
MIAMI, FL 33144

Mailing Address:

8500 WEST FLAGLER STREET, SUITE B208
MIAMI, FL 33144

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:

BERNARDO C. TACORONTE, CPA
Name

8500 WEST FLAGLER STREET, SUITE B208
Florida street address (P.O. Box NOT acceptable)

MIAMI FL 33144
City, State, and Zip

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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:

MGRM

BETHSI GIOVANNA TORRES HERNANDEZ
8500 WEST FLAGLER STREET, SUITE B208
MIAMI, FL 33144

MGR

LEIDY MAROELA TORRES HERNANDEZ
8500 WEST FLAGLER STREET, SUITE B208
MIAMI, FL 33144

(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:

Bethsi Giovanna Torres
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.817.153, P.S.)

BETHSI GIOVANNA TORRES HERNANDEZ
Typed or printed name of signer

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