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Certified Copies	_ Certificates	of Status
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SECRETARY OF STATE DIVISION OF CORPORATIONS

14 JAN - 2 PM 3: 56

17/14 (P)

TO:

Registration Section
Division of Corporations

SUBJECT: Cyber Tech Xtreme

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:

Zane Womack
Name of Person
Firm/Company
730 Old Coachman Rd. apt., G2
Address
Clearwater Florida 33765
City/State and Zip Code
zrwmac@gmail.com
F-mail address: (to be used for future appual report potitication)

For further information concerning this matter, please call:

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320-2065

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

\$125.00 Filing Fee

\$130.00 Filing Fee & Certificate of Status

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

Mailing Address

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

Street/Courier Address

Registration Section
Division of Corporations
Clifton Building
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:	
Cyber Tech Xtreme LLC	
(Must end with the words "I	Limited Liability Company, "L.L.C.," or "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:
730 Old Coachman Rd. apt., G2	730 Old Coachman Rd. apt., G2
ARTICLE III - Registered Agent, Registered (
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as another business entity with an active Florida reg	Office, & Registered Agent's Signature: its own Registered Agent. You must designate an individual istration.)
ARTICLE III - Registered Agent, Registered ((The Limited Liability Company cannot serve as a another business entity with an active Florida reg	Office, & Registered Agent's Signature: its own Registered Agent. You must designate an individual istration.)
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ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as another business entity with an active Florida reg The name and the Florida street address of the reg Za _730_Old_Coachman_Rd_apt_	Office, & Registered Agent's Signature: its own Registered Agent. You must designate an individual gistration.) gistered agent are: ine Womack Name

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 605, F.S.4

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

14 JAN -2 PH 3: 56

SECRETARY OF STATE DIVISION OF CORPORATIONS

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
AMBR	Zane Womack
	730 Old Coachman Rd. apt., G2
	Clearwater Florida FL 33765
AMBR	Christoper Womáck
	730 Old Coachman Rd. apt., G2
	Clearwater Florida FL 33765
(Use attachment if necessary)	
LE V: Effective date, if other than the fective date is listed, the date must of filing.)	e date of filing: (OPTIONAL) be specific and cannot be more than five business days prior to or 90
LE V: Effective date, if other than th	e date of filing:
LE V: Effective date, if other than the fective date is listed, the date must of filing.) LE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of	He specific and cannot be more than five business days prior to or 96
LE V: Effective date, if other than the fective date is listed, the date must of filing.) LE VI: Other provisions, if any. REOUIRED SIGNATURE: Signature of (In accordance with se	a member or an authorized representative of a member.
LE V: Effective date, if other than the fective date is listed, the date must of filing.) LE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of (In accordance with se constitutes an affirma	a member or an authorized representative of a member. ction 605.0203 (1) (b), Florida Statutes, the execution of this documention under the penalties of perjury that the facts stated herein are true.
LE V: Effective date, if other than the fective date is listed, the date must of filing.) LE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of (In accordance with seconstitutes an affirmal I am aware that any factors.)	Ta member or an authorized representative of a member. ction 605.0203 (1) (b), Florida Statutes, the execution of this document tion under the penalties of perjury that the facts stated herein are true. also information submitted in a document to the Department of State
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Filing Fees:
\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of State Control

\$ 5.00 Certificate of Status (Optional)

Page 2 of 2