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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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COVER LETTER

TØ:	Registration Section Division of Corporations	- SE(14
	Strategic Tech Support	至道	
SUBJ	Name of Limited Liability Company		$\frac{\omega}{2}$
The er	nclosed Articles of Organization and fee(s) are submitted for filing.		[] い
Please	teturn all correspondence concerning this matter to the following:		ယ့
	John Victor Bueno		
	Name of Person		
	Firm/Company		
	8207 Nw 75th Ave		
	Address		
	Tamarac Florida 33321		
	City/State and Zip Code		
	bueno26@gmail.com E-mail address: (to be used for future annual report notification)		-
For fu	rther information concerning this matter, please call:		
Jol	nn Victor Bueno (954) 4649006		
	Name of Person Area Code Daytime Telephone Number		
_	sed is a check for the following amount: 00 Filing Fee \$\int \text{S130.00 Filing Fee & Certificate of Status} \text{Certificate of Status} \text{Certified Copy (additional copy is enclosed)} \text{Certified Co} \text{(additional copy is enclosed)} \text{Certified Copy} \text{(additional copy is enclosed)} (addition	of Status & py	
	Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton Building		

Tallahassee, FL 32314

2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Strategic Tech Support LLC		
(M	ust end with the words "Lir	nited Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address The mailing address and		pal office of the Limited Liability Company is:
Principal Office Addre	ss:	lailing Address:
		8207 NW 75th Ave
8207 NW 75th Ave		
Tamarac, FI 33321 ARTICLE III - Registe The Limited Liability Conother business entity v	ompany cannot serve as its with an active Florida regis	
Tamarac, FI 33321 ARTICLE III - Registe The Limited Liability Conother business entity when the Florida	ompany cannot serve as its with an active Florida regista street address of the regis	fice, & Registered Agent's Signature: own Registered Agent. You must designate an indiviration.)
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Chapter 605, F.S..

(CONTINUED)

Registered Agont's Signature (REQUIRED)

Page 1 of 2

SECRETATION STATE

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	
Owner/Operator	John Victor Bueno
Manufacture of the second seco	
(Use attachment if necessary)	
(0.000,000,000,000,000,000,000,000,000,0	
E V: Effective date, if other than the date ective date is listed, the date must be sp of filing.)	of filing:
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ARTICLE IV-

Page 2 of 2

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