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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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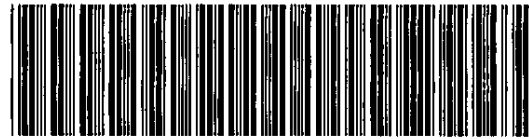
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED
14 MAR 10 AM 9:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAR 14 2014

S. YOUNG

TO: Registration Section

Division of Corporations

SUBJECT: International Institute Of IT Economics LLC

The enclosed Articles of Organization and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following:

Albert F. Case Jr.

1270 West 19th Street

Jacksonville, FL 32209

albertfcase@gmail.com

For further information concerning this matter, please call:

Albert F. Case Jr. at (904) 924-4601

Enclosed is a check for the following amount:

\$160.00 Filing Fee

Certificate of Status Certified Copy Certificate of Status & (additional copy is enclosed) Certified Copy (additional copy is enclosed)

Registration Section Registration Section

Division of Corporations Division of Corporations

P.O. Box 6327 Clifton Building

Tallahassee, FL 32314 2661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: international institute of IT economics

The name of the Limited Liability Company is: International Institute of IT Economics LLC

ARTICLE II - Address

The mailing address and street address of the principal office of the Limited Liability Company is:

1270 West 19th Street

Jacksonville, Florida 32209

Principal Office Address: Mailing Address:

1270 West 19th Street

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14 MAR 10 11 09 AM
SECRETARY OF STATE
TALLAHASSEE, FL 32301

Jacksonville, Florida 32209

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

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

Albert F. Case Jr.

1270 West 19th Street

Jacksonville, FL 32209


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..



Registered Agent's Signature (REQUIRED)

ARTICLE IV- The name and address of each person authorized to manage and control the Limited Liability Company:

Albert F. Case Jr. MGR

1270 West 19th Street

Jacksonville, Florida 32209

William Kirwin, MGR

31 Grove Street

Clinton, Connecticut 06413

Michael G. West, MGR

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14 MAR 10 AM 9:45
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TALLAHASSEE, FLORIDA

64 Madaline Lane

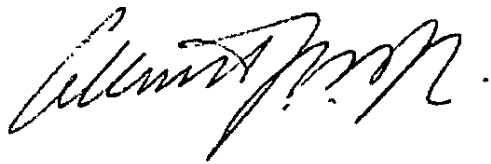
Vineyard Haven, Massachusetts 02568

ARTICLE V: Effective date, if other than the date of filing: . March 1, 2014

ARTICLE VI: Other provisions, if any.

None

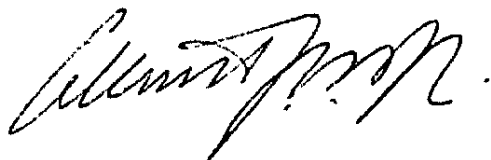
REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.

(In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

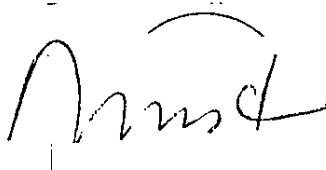
I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)



Albert F. Case Jr.



William D. Kirwin



Michael G. West

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ARTICLE V: Effective date, if other than the date of filing: . March 1, 2014

ARTICLE VI: Other provisions, if any.

None

REQUIRED SIGNATURE:



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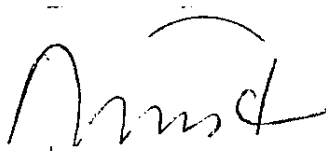
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