

Division of Corporations

10/6/14, 5:39 PM

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : CAUTHEN & OLDHAM, P.A.
Account Number : 075206002614
Phone : (352)343-3455
Fax Number : (352)343-8801

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: DANIELVDEBS@GMAIL.COM

RECEIVED

14 OCT -8 PM 12:00

DIVISION OF CORPORATIONS
BUREAU OF COMMERCIAL
INFORMATION SERVICES

FLORIDA LIMITED LIABILITY CO.
Spyder Computer Repair, LLC

Certificate of Status	1
Certified Copy	1
Page Count	02
Estimated Charge	\$160.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

14 OCT -8 AM 7:10

FILED

From: Cauthen Ordham

352 343 8891

10/08/2014 18:03

#134 P.002/004

Division of Corporations

10/6/14, 5:39 PM

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**ARTICLE I - Name:**

The name of the Limited Liability Company is:

SPYDER COMPUTER REPAIR, 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:4120 WALTHAM FOREST DRIVE
TAVARES, FL 32778**Mailing Address:**2880 DAVID WALKER DRIVE, #203
EUSTIS, FL 32726**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:

DAVID E. CAUTHEN, ESQ.

Name

131 WEST MAIN STREETFlorida street address (P.O. Box **NOT** acceptable)TAVARES FL 32778

City, State, and Zip

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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)

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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

DANIEL DEBS

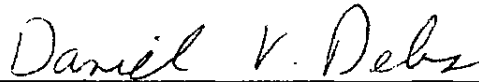
4120 WALTHAM FOREST DRIVE

TAVARES, FL 32778

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____

(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:

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.)

DANIEL DEBS

Typed or printed name of signee

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)**

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