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5 JUN 26 PM 3: 07

COVER LETTER

	Registration Section Division of Corporations		
SUBJEC	T: Tech Guru LLC		
	Name of	Limited Liabi	lity Company
The enclo	osed Articles of Organization and fee(s)) are submitted	f for filing.
Please re	turn all correspondence concerning this	matter to the	following:
	David L. Mancheno		
		Name o	f Person
	Tech Guru LLC		
		Firm/Co	отралу
	109 Live Oaks Blvd, #181121		
		Add	ress
	Casselberry, FL 32707		
	1.6.0m, 10, 11.0	City/State a	nd Zip Code
	info@TechGuruLLC.com	and for future	annual report notification)
F 6 4			annual report notification)
ror turtner	information concerning this matter, ple	ease call:	
	David L. Mancheno	407	369-8324
	Name of Person	Area Code	Daytime Telephone Number
Enclosed	is a check for the following amount:		
	Filing Fee \$130.00 Filing Fee & Certificate of Status	Certif	\$160.00 Filing Fee, ied Copy cal copy is enclosed) \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address New Filing 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	y Company is:			
Tech Guru LLC				
(Must end	with the words "Limited	Liability Comp	any, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street ac	Idress of the principal o	ffice of the Limi	ted Liability Company is:	
<u>Princips</u>	l Office Address:		Mailing Address:	
109 Live Oaks Blvd,	#181121	•	09 Live Oaks Blvd, #181121	
Casselberry, FL			asselberry, FL	
32707		 3	2707	
ARTICLE III - Registered Age (The Limited Liability Company another business entity with an a The name and the Florida street a	cannot serve as its own ctive Florida registration	Registered Ager on.)	gent's Signature: nt. You must designate an individual or	
	David L. Mancheno			
		Name		
	160 Lady Susan Ct			
	Florida street addres	s (P.O. Box <u>NO</u>	[acceptable)	
	Casselberry	FL	32707	
	City	State	Zip	

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)

(CONTINUED)

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"AMBR" = Authorized Member "MGR" = Manager AMBR	
"MGR" = Manager AMBR	
	David L. Mancheno
	109 Live Oaks Blvd, #181121
	Casselberry, FL 32707
	and cannot be more than five business days prior to or 90 da
	ne applicable statutory filing requirements, this date will not be
	ne applicable statutory filing requirements, this date will not be
the date inserted in this block does not meet the ment's effective date on the Department of Sta	ne applicable statutory filing requirements, this date will not be
the date inserted in this block does not meet the ment's effective date on the Department of Sta	ne applicable statutory filing requirements, this date will not be te's records.
The date inserted in this block does not meet the ment's effective date on the Department of State. E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member	ne applicable statutory filing requirements, this date will not be te's records. Anyther applicable statutory filing requirements, this date will not be te's records.
The date inserted in this block does not meet the ment's effective date on the Department of State. E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member (In accordance with section 60)	or an authorized representative of a member. 15.0203 (1) (b), Florida Statutes, the execution of this documen
The date inserted in this block does not meet the ment's effective date on the Department of State. E VI: Other provisions, if any. REOUIRED SIGNATURE: Signature of a member (In accordance with section 60 constitutes an affirmation under the member of the constitutes an affirmation under the member of the constitutes an affirmation under the member of the constitutes are affirmation under the constitutes are affirmati	or an authorized representative of a member. 15.0203 (1) (b), Florida Statutes, the execution of this document or the penalties of perjury that the facts stated herein are true.
REQUIRED SIGNATURE: Signature of a member (In accordance with section 60 constitutes an affirmation under I am aware that any false infor	or an authorized representative of a member. 15.0203 (1) (b), Florida Statutes, the execution of this documen
REQUIRED SIGNATURE: Signature of a member (In accordance with section 60 constitutes an affirmation under I am aware that any false infor constitutes a third degree felori	or an authorized representative of a member. 15.0203 (1) (b), Florida Statutes, the execution of this document or the penalties of perjury that the facts stated herein are true. 15.0203 (1) (b) The idea of the penalties of perjury that the facts stated herein are true.
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