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SECHETARY OF STATE

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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: The Nerd Squad 2.0 L.C. 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:
De Mario Chris Lee Name of Person
The Nerd Squad 2.0 Firm/Company
113 NE 12th AVE
Home Stead FL 33034 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
DeMario Loe at 365 347-116 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$130.00 Filing Fee & Certificate of Status \$155.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed) \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address

I.

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:	1.1	EU
The name of the Limited Liability Company is:	15 AUG -6	AM IO: So
Must end with the words "Limited Liability Company, "L.L.C.," or "LLC."	SECRETARY	OF STATE FLORIDA
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is	:	
Principal Office Address: 834 SW 1St Street PO Box 90070 Florida City FL, 33034 Homestead FL		
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 another business entity with an active Florida registration.)	n individual or	
The name and the Florida street address of the registered agent are:		
DeMario Lee Name	_	
113 NE 12th Ave		
Florida street address (P.O. Box NOT acceptable)	_	
Homestead +L 33034		
City State Zip	_	
Having been named as registered agent and to accept service of process for the above stated limited located designated in this certificate, I hereby accept the appointment as registered agent and agree to further agree to comply with the provisions of all statutes relating to the proper and complete perform am familiar with and accept the obligations of my position as registered agent as provided for in Charles Registered Agent's Signature (REQUIRED)	act in this capac nance of my duti	city. I

(CONTINUED)

Page 1 of 2

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:	15 AUG -6 AM 10: 56 SECRETARY OF STATE TALLAHASSEE, FLORIDA
De Mario Lee MGR	113 NE 12th Ave Homestead FL 330	×34
(Use attachment if necessary) ICLE V: Effective date, if other than the date of filing a effective date is listed, the date must be specific as ate of filing.) E: If the date inserted in this block does not meet the document's effective date on the Department of State	nd cannot be more than five busing applicable statutory filing requires	ness days prior to or 90 days a
TICLE VI: Other provisions, if any.	. 5 10001451	

APPROVE

REQUIRED SIGNATURE:

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

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.

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)