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SECRETARY OF STATE

15 AUG 24 PH 1:



COVER LETTER

TO:

Registration Section

Div	ision of Corporations			
SUBJECT:	Dynamic Tech Source, LLC.			
Sobsect.	Name of I	Limited Liabili	ity Company	
The enclosed	d Articles of Organization and fee(s)	are submitted	for filing.	
Please return	all correspondence concerning this	matter to the f	following:	
]	Michael Joel Trimpey			
-		Name of	Person	
1	Dynamic Tech Source, LLC.			
		Firm/Co	mpany	
	7028 W. Waters Ave. #214			
_		Addr	ess	
	Tampa, FL 33634-2292			
ro	obocop12211@hotmail.com	City/State and	d Zip Code	
_	E-mail address: (to be us	ed for future a	nnual report notification)	
For further inf	ormation concerning this matter, ple	ase call:		
N	Michael Joel Trimpey	813	210-3119	
	Name of Person	Area Code	Daytime Telephone Number	
Enclosed is a	a check for the following amount:			
\$125.00 Fili	ng Fee \$130.00 Filing Fee & Certificate of Status	Certific	al copy is enclosed) Certified C	of Status &
	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

APPROVEL AND FILED
15 AUG 24 PH 1:46
SECRETARY OF STATE

ARTICLE I - Name:

The name of the Limited Liability Company is:

Dynamic Tech Source, 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:	Mailing Address:
7028 W. Waters Ave.	7028 W. Waters Ave.
#214	#214
Tampa, FL 33634-2292	Tampa, FL 33634-2292

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:

Michael Joel Trim	ney	
	Name	
7028 W. Waters A	ve. #214	
Florida street addre	ess (P.O. Box <u>NOT</u> ac	cceptable)
Tampa	FL	33634-2292
City	State	7in

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)

Page 1 of 2

APPHOVEL AND FILED

Title:		Name and Address:	SEADE MOVING
"AMBR" = Auth			SECRETARY OF TALLAHASSEE, FL
"MGR" = Manag AMBR	er	Michael Joel Trimpey	. 2100000 11 45 15 25 14 15 00 1 E
AMBK		7028 W. Waters Ave, #214	
		Tampa, FL 33634-2292	
			
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