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DEC 1 6 2015 S. GILBERT

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Cyber Club LLC. 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:
Erin Ramlackhan Name of Person
Firm/Company
2485 Milmar Drive
Address
Sarasota, FL 34237 City/State and Zip Code Srg Code Dyahoo. com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount: \$125.00 Filing Fee \$\ \text{S130.00 Filing Fee & Certificate of Status} \text{Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)}
Mailing AddressStreet AddressNew Filing SectionNew Filing SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability	Company is:			LED
(Must end w	Tyber Cl	ub iability Compa	L.L.C.	15 DEC -7 AM 2: 18
ARTICLE II - Address: The mailing address and street add				
Principal	Office Address:		<u>Mail</u>	ing Address:
2485 mill Sarasota,	1mar Drive FL 34237		3485 m Sarasota	lilmar Drive
ARTICLE III - Registered Agen (The Limited Liability Company c another business entity with an ac	annot serve as its own Retive Florida registration.)	egistered Ager		nate an individual or
The name and the Florida street ad			· 1	
	<u>Erin</u> R	<u>lamlac</u>	khan	<u></u>
	2485 n Florida street address (F			<u></u>
	•			
	Sarasora	State	34237 Zip	<u> </u>
Haring have more day well as	·		_	
Having been named as registered ag place designated in this certificate, I further agree to comply with the pro- am familiar with and accept the oblig	hereby accept the appoin visions of all statutes relat	tment as registing to the proj	tered agent and agr per and complete p	ree to act in this capacity. I erformance of my duties, and I
		amlac		·
	Registere	d Agent's Sign	nature (REQUIREI))

(CONTINUED)

Page 1 of 2

"MGR" = Mai	uthorized Member nager	Name and Address:
<u></u>		
	www.communicates.com	
		
	*	
(Use attachme	nt if necessary)	
e of filing.) If the date insert	ed in this block does not me e date on the Department o	ecific and cannot be more than five business days prior to or 90 days a seet the applicable statutory filing requirements, this date will not be list of State's records.
	SIGNATURE:	
KECOOKED	_	mlackhan
	Signature of a mer	mber or an authorized representative of a member. ed 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 felony as provided for in s.817.155, F.S.

\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)