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TALLAHASSEE, FLORIDA

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# STEVEN C. KAISER, P.C.

ATTORNEY & COUNSELOR AT LAW

6165 NW 86TH STREET • JOHNSTON, IOWA 50131

TELEPHONE (515) 727-1660 • FAX (515) 727-1663

EMAIL [Steven@stevenckaiserpc.com](mailto:Steven@stevenckaiserpc.com)

March 18, 2016

Registration Section/Division of Corporations  
New Filing Section  
Division of corporations  
PO Box 6327  
Tallahassee, FL 32314

Re: IT at Home, LLC.

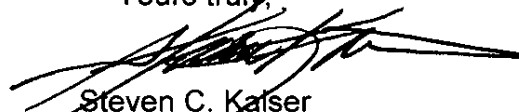
The enclosed Articles of organization and fee is submitted for filing. Once filed and notated as filed, please return all correspondence concerning this matter to the following:

Steven C. Kaiser  
Steven C. Kaiser, P. C.  
6165 NW. 86 Street  
Johnston, Iowa 50131.

For further information concerning this application. Please call:  
Steven C. Kaiser at 515-727-1660.

Enclosed is a check for the following amount of \$125 in payment of the filing fee. Should you have any questions concerning this matter please feel free to contact me.

Yours truly,



Steven C. Kaiser  
cc: Paul E. Kaiser

FILED  
16 MAR 28 PM 2:49  
TALLAHASSEE, FL 32314

**CERTIFICATE OF ORGANIZATION  
OF  
IT AT HOME, LLC**

FILED  
16 MAR 28 PM 2:49  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**TO THE SECRETARY OF STATE  
OF THE STATE OF FLORIDA:**

Pursuant to Chapter 605, Florida Statutes, the undersigned adopts the following Certificate of Organization:

**ARTICLE I  
Name**

The name of the Limited Liability Company is IT at Home, LLC.

**ARTICLE II  
Initial Registered Agent, Principal Office and Registered Office**

The street address of the Company's Principal office and initial registered office in Florida is 5123 Melbourne Street, # 6206, Port Charlotte, Florida 33980, and the name of its registered agent at such address is Paul E. Kaiser.

Having been named as registered agent and to accept service of process for the above named 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.


Dated 23 day of March, 2016.

  
Paul E. Kaiser, Registered Agent

**ARTICLE III**  
**Name and Address of Authorized and Controlling Manager**

Paul E. Kaiser, Manager

5123 Melbourne Street, # 6206,  
Port Charlotte, Florida 33980



Paul E. Kaiser, Managing 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.

Paul E. Kaiser

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