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COVER LETTER

TO: New Filing Section Division of Corporations
SUBJECT: COMPT, 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:
Eljesson A. Azuncion Name of Person
Firm/Company
3099 Windridge Oaks Dr.
Palm Harbor FL 34684 City/State and Zip Code Casuna Con (a) Dell South, Net 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 \$\frac{1}{2}\$\$\$ \$130.00 Filing Fee \$\frac{1}{2}\$\$ \$Certificate of Status \$\frac{1}{2}\$\$ Certified Copy (additional copy is enclosed) \$\frac{1}{2}\$\$\$ \$155.00 Filing Fee \$\frac{1}{2}\$\$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$

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 1 - Name: The name of the Limited Liability Company is:	
(Must contain the words "Limited Liability Com	pany, "L.L.C.," br "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal office of the Li	mited Liability Company is:
Principal Office Address:	Mailing Address:
35246 U.S. Hwy 19 N. Palm Harber, FL 34654	Same
ARTICLE III - Registered Agent, Registered Office, & Registered (The Limited Liability Company cannot serve as its own Registered Aganother business entity with an active Florida registration.)	
The name and the Florida street address of the registered agent are:	wy 19 N # 309 OI acceptable) CL- 34694 Zip
place designated in this certificate, I hereby accept the appointment as refurther agree to comply with the provisions of all statutes relating to the pam familiar with and accept the obligations of my position as registered agent's sequenced age	gistered agent and agree to act in this capacity. I proper and complete performance of my duties, and legent as provided for in Chapter 605, F.S.,
(CONTINU	JED)

Title: "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	Eljesson A-ASUNCION 35246 US. Hus 19 N. H 3 Palm Harry BC 34684
(Use attachment if necessary)	.1 1
E V: Effective date, if other than the date of fil	
•	and cannot be more than five business days prior to or 9
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The name and address of each person authorized to manage and control the Limited Liability Company:

ARTICLE IV-