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COVER LETTER

	New Filing Section Division of Corporations			
cith ie.	TECH SAVVY OF SWFL, LI	i.C		
SUBJEC		of Limited Liabil	ity Company	_
The encl	osed Articles of Organization and fo	ce(s) are submitted	for filing.	
Please re	turn all correspondence concerning	this matter to the f	Ollowing:	
	John C. Goede, Esq.			
		Name of	Person	 -
	Goede, Adamczyk, DeBoest &	Cross, PLLC		
		Firm/Co	mpany	
	6609 Willow Park Drive, Secon	d Floor		
		Addr	ess	
	Naples, Fl 34109			
	jgoede@gadclaw.com	City/State an	d Zip Code	
		be used for future a	nnual report notification)	
For further	information concerning this matter	, please call:		
	John C. Goede	239 _at (331-5100	
	Name of Person	Area Code	Daytime Telephone Number	_
Enclosed	is a check for the following amoun	t:		
- IS125 00	Filing Fee S130.00 Filing Fe Certificate of Sta Netd, enclosed Mailing Address New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	tus S155.0 Certific (additional	ed Copy ———— Certificat al copy is enclosed) ——— Certified	te of Status &

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liabil	ity Company is:			
TECH SAVVY OF				
(Must con	tain the words "Limited	d Liability Compan	y, "L.L.C.," or "LLC.")	· · · · · · · · · · · · · · · · · · ·
ARTICLE II - Address: The mailing address and street a	address of the principal	office of the Limit	ed Liability Company is:	
<u>Princip</u>	pal Office Address:		Mailing Addre	<u>288</u> :
6609 Willow Park I	Drive	66	609 Willow Park Drive	
Second Floor			econd Floor	· · · · · · · · · · · · · · · · · · ·
Naples, FI 34109	<u>, </u>	<u>N</u>	aples, FLI 34109	
The name and the Florida street	John C. Goede, Esq	_		
	6609 Willow Park I	Drive, Second Floo	<u>r</u>	
	Florida street addre	rss (P.O. Box <u>NOT</u>	acceptable)	
	Naples	FL	34109	
	City	State	Zip	
Having been named as registered place designated in this certificate further agree to comply with the pam familiar with and accept the o	r, I hereby accept the approvisions of all statutes	pointment as regist relating to the prop	ered agent and agree to act it er and complete performance	or this capacity. T For my duties, and I

(CONTINUED)

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SECRETAINSSEE: 14: 53

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Titlei		Name and Address:
	ithorized Member	
"MGR" = Mai	iager	Libraria Consta
AMBR		John C. Goede
		6609 Willow Park Drive, Second Floor
		Naples, FI 34109
AMBR		Alexander M. Davis
		7290 Myrtle Road
		Fort Myers, FI 33967
AMBR		Kurt A. Pendleton
AMDK		1721 West Creek Way #2
		Louisville, KY 40242
AMBR		Michael Smart
•		8441 Southbridge Drive, Unit 2
		Estero, F1 33967
LE V: Effective fective date is I of filing.)	sted, the date must be sp	of filing:
I.F. V: Effective fective date is l of filing.) If the date insert	date, if other than the date sted, the date must be speed in this block does not reduce date on the Department	ecific and cannot be more than five business days prior to or 90 day neet the applicable statutory filing requirements, this date will not be l
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LE V: Effective fective date is I of filing.) If the date insert ament's effectiv LE VI: Other pr	date, if other than the date isted, the date must be speed in this block does not reduce on the Department ovisions, if any. SIGNATURE: Signature of a mean This document is executed a mayare that any false constitutes a third degree.	neet the applicable statutory filing requirements, this date will not be lof State's records. equipper or an authorized representative of a member. ted in accordance with section 605.0203 (1) (b). Florida Statutes, or information submitted in a document to the Department of State

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)