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To:

Division of Corporations

Fax Number

: (850)617-6381

From:

: LEGALZOOM.COM INC. Account Name

Account Number : I20010000062 Phone : (323)962-8600 Fax Number : (323)962-3889

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. \*\*

Email	Address:	

## FLORIDA LIMITED LIABILITY CO. Cloud Tech Services, LLC

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JAN 0 9 2020

## COVER LETTER

	legistration Section Division of Corporations
SUBJECT	Cloud Tech Services, LLC
SOBOLC:	Name of Limited Liability Company
The enclo	sed Articles of Organization and fee(s) are submitted for filing.
Please retu	orn all correspondence concerning this matter to the following:
	Cheyenne Moseley, Legalzoom.com, Inc.
	Name of Person
	Legalzoom.com, Inc.
	Firm/Company
	101 N. Brand Blvd., 10th Floor
	Address
	Glendale, CA 91203
	City/State and Zip Code onlinefilings@Legalzoom.com
	E-mail address: (to be used for future annual report notification)
For further	nformation concerning this matter, please call:
	Cheyenne Moseley 323 962-8600 ext. 7625
	Name of Person Area Code Daytime Telephone Number
Enclosed i	s a check for the following amount:
\$125.00 F	iling Fee \$130.00 Filing Fee & Certificate of Status (additional copy is enclosed)  \$155.00 Filing Fee & Certificate of Status & Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address New Filing Section  Street Address New Filing Section

New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	•		
Cloud Tech Se		111111111111111111111111111111111111111	
(Mus	t end with the words "Limite	ed Liability Company,	"L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and st	reet address of the principal	office of the Limited L	iability Company is:
<u>P</u> 1	rincipal Office Address:		Mailing Address:
10752 Deerwo	od Park Blvd, Suite 100		
Jacksonville, F	L 32256		
Jacksonville, F	d Agent, Registered Office		
Jacksonville, F  ARTICLE III - Registere (The Limited Liability Coranother business entity wi	d Agent, Registered Office	n Registered Agent. Yo ion.)	's Signature: ou must designate an individual or
Jacksonville, F  ARTICLE III - Registere (The Limited Liability Coranother business entity wi	ed Agent, Registered Office npany cannot serve as its ow th an active Florida registrat street address of the register	m Registered Agent. Yo ion.) ed agent are;	
Jacksonville, F  ARTICLE III - Registere (The Limited Liability Coranother business entity wi	d Agent, Registered Office npany cannot serve as its ow th an active Florida registrat	m Registered Agent. Yo ion.) ed agent are;	
Jacksonville, F  ARTICLE III - Registere (The Limited Liability Coranother business entity wi	ed Agent, Registered Office npany cannot serve as its ow th an active Florida registrat street address of the register United States Corp	m Registered Agent. Youngle (1997)  ed agent are:  oration Agents, Inc.  Name	
Jacksonville, F  ARTICLE III - Registere (The Limited Liability Coranother business entity wi	ad Agent, Registered Office npany cannot serve as its ow than active Florida registrat street address of the register United States Corp 5575 S. Semoran B	m Registered Agent. Youngle (1997)  ed agent are:  oration Agents, Inc.  Name	ou must designate an individual or
Jacksonville, F  ARTICLE III - Registere (The Limited Liability Coranother business entity wi	ad Agent, Registered Office npany cannot serve as its ow than active Florida registrat street address of the register United States Corp 5575 S. Semoran B	m Registered Agent. You ion.) ed agent are: oration Agents, Inc. Name	ou must designate an individual or

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

Title: "AMBR" = At	ithorized Meinber	Name and Address:
"MGR" = Mar		
AMBR		Thad Hill
		10752 Deerwood Park Blvd, Suite 100
		Jacksonville, FL 32256
	<del></del>	<del> </del>
		<del></del>
EV: Effective ective date is l	nt if necessary) date, if other than the date of isted, the date must be specif	filing: (OPTIONAL) fic and cannot be more than five business days prior to or 90
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