Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H210001210623)))



H210001210623ABCP

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

т	`^	٠	
-	v		

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (855)330-1010

\*\*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. **Desha Tech LLC**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

Electronic Filing Menu

Corporate Filing Menu

Help

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability	Company is:		
Desha Tech LLC			
(Must contain	n the words "Limited L	iability Company	(, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street add	dress of the principal of	fice of the Limite	d Liability Company is:
<u>Principa</u>	Office Address:		Mailing Address:
7901 4th St N		790	01 4th St N
STE 300		<u>st</u>	E 300
St. Petersburg, Fl 3370	)2	St.	Petersburg, Fl 33702
ARTICLE III - Registered Ager (The Limited Liability Company of another business entity with an act	cannot serve as its own etive Florida registration	Registered Agent n.)	ent's Signature: . You must designate an individual or
	Registered Agents Inc	-	
	Registered Agents Inc	Name	
	7901 4th St N STE 300 Florida street address (P.O. Box NOT acceptable)		
	St. Petersburg	FL	33702
	City	State	Zip

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

Registered Agent's Signature (REQUIRED)

(CONTINUED)

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:	
"MGR" = Manager		
MGR	CloudBoot LLC 7901 4th St N STE 300 St, Petersburg, FL 33702	
(Use attachment if necessary)		
n effective date is listed, the date must be date of filing.)	late of filing:	
FICLE VI: Other provisions, if any.		
		<u>-</u> -
REQUIRED SIGNATURE: Riley Ta	k	
This document is exi	member or an authorized representative of a member. ecuted in accordance with section 605.0203 (1) (b), Florida Statutes, alse information submitted in a document to the Department of State gree felony as provided for in s.817.155, F.S.	
Rilev Park	-	
iche v v di K	Typed or printed name of signee	33

Filing Fees:

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

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

121 HAR 25 AM 11:45