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 1/6/2013 10:50 AM Division of Corporations

Florida Department of State
 Division of Corporations
 Electronic Filing Cover Sheet

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((H23000007081 3)))



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To:
 Division of Corporations
 Fax Number : (850)617-6381

From:
 Account Name : HUBCO
 Account Number : 104662003400
 Phone : (516)935-3940
 Fax Number : (516)935-3088

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

Email Address: PAULADIE80@YAHOO.COM

FLORIDA LIMITED LIABILITY CO.
 CYBER80 LLC

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

2013 JAN 6 PM 12:08

2013 JAN 6 PM 12:35

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Corporate Filing Menu

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

CYBER80 LLC

(Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

Mailing Address:

18459 PINES BLVD #440
PEMBROKE PINES, FL 33029

18459 PINES BLVD #440
PEMBROKE PINES, FL 33029

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

PAUL ADIE

Name

18459 PINES BLVD #440

Florida street address (P.O. Box **NOT** acceptable)

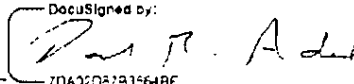
PEMBROKE PINES FL 33029

City

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..

DocuSigned by:



70A320A7B3564BF

Registered Agent's Signature (REQUIRED)

PAUL ADIE

(CONTINUED)

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ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR**Name and Address:**PAUL ADIE18459 PINES BLVD #440PEMBROKE PINES, FL 33029AMBRELVINA RIDJAB18459 PINES BLVD #440PEMBROKE PINES, FL 33029

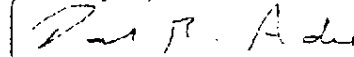
(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

ARTICLE VI: Other provisions, if any.**REQUIRED SIGNATURE:**

DocuSigned by:



/O=AD2087B3564BF...

Signature of a member or an authorized representative of a member.

(In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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 ADIE

Typed or printed name of signee

23 JAN -5 PM 12:35
FILED
CLERK OF DISTRICT COURT
JAN 7 2013
TALLAHASSEE, FLORIDA

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