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COVER LETTER

TO:	New Filing Section Division of Corporations			·
SUDIE	DT IT Solutions LLC			
SUBJE		of Limited Lial	pility Company	
The encl	losed Articles of Organization and fe	e(s) are submitt	ed for filing.	
	eturn all correspondence concerning			
	Daniel J Turner		•	
		Name	of Person	
•	DT IT Solutions LLC			
		Firm/	Company	
	100 S Belcher Rd Unit 7005			
•		Ad	dress	·
	Clearwater, FL 33758			
	dturne4@live.spcollege.edu	City/State	and Zip Code	
		e used for futur	annual report notificati	on)
For furthe	r information concerning this matter,	please call:		
	Daniel Turner	863	486-5027	
	Name of Person	at (Area Code) Daytime Telephone	e Number
Engloser	I is a check for the following amount			
	00 Filing Fee S130,00 Filing Certificate of Stat	Fee & □\$ us Cert	55.00 Filing Fee & lifted Copy onal copy is enclosed)	Ll\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed
	Mailing Address New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address New Filing Section Di The Centre of Tallaha 2415 N. Monroe Stree Tallahassee, FL 32301	ssee \subseteq et. Suite 810

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability	y Company is:			
DT IT Solutions LLC				
. (Must conta	in the words "Limited	Liability Company.	"L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street ac	dress of the principal of	office of the Limited	l Liability Company is:	
Principa	al Office Address:		Mailing Address:	
DT IT Solutions LLC 5924 5th Ave N Apt. St. Petersburg, FL 33	A6	100	IT Solutions LLC S Belcher Rd, Unit 7005 arwater, Florida 33758	
ARTICLE III - Registered Age (The Limited Liability Company another business entity with an a	cannot serve as its own	Registered Agent.	nt's Signature: You must designate an individual or	
The name and the Florida street a	ddress of the registered	l agent are:		
	Daniel Turner			
		Name	, 	
	5924 5th Ave N Apt.	. A6		
	Florida street addres	s (P.O. Box <u>NOT</u> a	ecceptable)	
•	St. Petersburg	Florida	33710	
	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)

CHARLES E. PACE

CHARLES E. PACE

MY COMMISSION # HH 427106

EXPIRES: August 19, 2027

Charles E. PACE

Charles E. PACE

ARTICLE IV-

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

<u>l'itle:</u> 'AMBR" = Authorized N	lambar	Name and Address:	
'MGR" = Manager	tember		
MGR	D	Daniel Turner	
WICIK	<u>D</u>	924 5th Ave. N Apt. A6	
	<u>\$</u>	t. Petersburg, Florida 33710	_
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