6000003090

533 North Nova Road Ormond Beach FL 32174

Phone (904) 672-8252 Fax (904) 615-8895

December 1, 1998

Registration Section Division of Corporations P. O. Box 6327 Tallahassee FL 32314

Enclosed are the Articles of Organization and the Designation of Registered Agent forms for Custom Computers of Central Florida LLC. Please send a Certificate of Status with your letter of acknowledgment. A check for \$293.75 is enclosed.

Sincerely,

Joseph M. Cassella

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Custom Computers of Central Florida LLC

ARTICLE II - Address:

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

533 N. Nova Road Ormond Beach FL 32174

ARTICLE III - Duration:

The period of duration for the Limited Liability Company shall be: perpetual.

98 DEC -3 PM 3: 23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE IV - Management: (Check the appropriate box and complete the statement)

The Limited Liability Company is to be managed by a manager or managers and the name(s) and address(es) of such manager(s) who is/are to serve as manager(s) is/are:

The Limited Liability Company is to be managed by the members and the name(s) and address(es) of the managing member(s) is/are:

Joseph M. Cassella 533 North Nova Road Ormond Beach FL 32174

ARTICLE V - Admission of Additional Members:

The right, if given, of the members to admit additional members and the terms and conditions of the admissions shall be:

reserved for the owner/manager to determine.

ARTICLE VI - Members Rights to Continue Business:

The right, if given, of the remaining members of the limited liability company to continue the business on the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in the limited liability company shall be:

reserved for the remaining member(s) of this LLC by unanimous consent.

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SECRETARY OF STATE
TALLAHASSEE, FLORDA

ARTICLE VII - Affidavit of Membership and Contributions

The undersigned member or authorized representative of a member of Custom Computers of Central Florida LLC		
c	ertifies:	
 the above named limited liability company has at least one member; the total amount of cash contributed by the member(s) is 	\$_2500.00	
3) if any, the agreed value of property other than cash contributed by member(s) is (A description of the property is attached and made a part hereto.); and	\$ \$ 2472.00	
4) the total amount of cash and property contributed and anticipated to be contributed by member(s) is	\$	
(\$25,000 contributed via loan)		
Signature of a member or an authorized representative of a member of of a	n of this	

Filing Fee: \$250.00 for Articles and Affidavit

Typed or printed name of signee

Joseph M. Cassella

ATTACHMENT

PROPERTY CONTRIBUTED BY OWNER/MANAGER

Property	<u>Fair Market Value</u>	<u>.</u>
Computers & Accessories	\$1400.00	FIL 98 DEC -3 SECRETAR TALLAHASS
Office Furniture	845.00	B PH 3:
Tools	227.00	23 AIC SRIDA

TOTAL \$2472.00

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1.	The name of the limited liability company is:	175 178 186
	Custom Computers of Central Florida LLC	DEC -
2.	The name and the Florida street address of the registered agent are:	A PM 3: 23 RY OF STATE SEE, FLORIDA
	JOSEPH M. CASSELLA	
	NAME	
	533 N. NOVA ROAD Florida street address (P. O. Box NOT ACCEPTABLE)	· .
	ORMOND BEACH FL 32174 CITY, STATE AND 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.

Joseph M Carrolla SIGNATURE

Filing Fee: \$ 35 for Designation of Registered Agent