10300051907

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
DHA	
Office Use Only	



300025110013

12/04/03--01037--012 **100.00

12/04/03--01037--011 **25.00

03 DEC -4 PH 1:40
SECRETARY THE

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Class - Tech L.L.C.
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Tosé Antonio García
(Name of Person)

Cape Capa Capa Filmore Ave.
(Address)

Cape Capa Capa Filmore Ave.
(City/State and Zip Code)

For further information concerning this matter, please call:

Tosé Antonio García at (321 961 - 999 4 (Area Code & Daytime Telephone Number)

STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399 **MAILING ADDRESS:**

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Compa	man for
.	
ARTICLE II - Address: The mailing address and street address of	the principal office of the Limited Liability Company is
Principal Office Address:	Mailing Address:
302-A, Filmore AUE	302-A, Fillmore AVE
CAPE Canaveral	CAPE Canaveral
Florida, zip. 32920	Florida, 21932920
The name and the Florida street address of Afford Soz-A Final Street address of Cape Cource City, Soz-A Final Street City, Soz-A	Name Name AND E AUE SS (P.O. Box NOT acceptable) We red FLORIDA 32920 State, and Zip
company at the place designated in this certificate, agree to act in this capacity. I further agree to compand complete performance of my duties, and I am fo	pt service of process for the above stated limited liability. I hereby accept the appointment as registered agent and ly with the provisions of all statutes relating to the proper uniliar with and accept the obligations of my position as r in Chapter 608, Florida Statutes
Registered A	Agent's Signature
l Dom	a1of?

(CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows: Title: "MGR" = Manager "MGRM" = Managing Member "MGR" MGR" MGR" MARIA SANTOS GARGO 302-A FILLINGTE AVE CAPE CANGUERO FL. 32920 "MGRM" MARIA SANTOS GARGO 302-A FILLINGTE AVE CAPE CANGUERO FL. 32920 (Use attachment if necessary) NOTE: An additional article must be added if an effective date is requested. REQUIRED SIGNATURE:

Filing Fees:

\$100.00 Filing Fee for Articles of Organization

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

Signature of a member or an authorized representative of a member. In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury

Typed or printed name of signee

that the facts stated herein are true.)